2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 712448

1. Entity Name
ORGANIZED FISHERMEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
225 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955	PO BOX 700 COCOA, FL 32923

05132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1234446
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANSOM, JERRY
225 ROCKLEDGE DR.
ROCKLEDGE, FL 32955

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	COX, GEOFF
STREET ADDRESS	10115 KINESANBU RD.
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	VPD
NAME	PETRICK, ROBERT
STREET ADDRESS	22962 CAPE KODD LANE
CITY-ST-ZIP	SUMMERLAND KEY, FL
TITLE	VD
NAME	DUSNON, MARTIN
STREET ADDRESS	P.O. BOX 26 N/A
CITY-ST-ZIP	POMONA PARK, FL
TITLE	VPD
NAME	ORR, BENNETT
STREET ADDRESS	PO BOX 501054
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	PP
NAME	CLOPTON, JOHNNIE
STREET ADDRESS	7101 WELLS AVE
CITY-ST-ZIP	NAVARRE, FL 32561
TITLE	P
NAME	DAY, RONNIE
STREET ADDRESS	P.O. BOX 132
CITY-ST-ZIP	SAINT MARKS, FL 32355

UN0000366972
05/16/05-80014-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R-D Ronnie Day 5/13/05 850-925-6149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #