2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# 712448

Entity Name: ORGANIZED FISHERMEN OF FLORIDA, INC.

Current Principal Place of Business:

225 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 700
COCOA, FL 32923

New Mailing Address:

FEI Number: 59-1234446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANSOM, JERRY
225 ROCKLEDGE DR.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SANSOM, JERRY H
225 ROCKLEDGE DR.
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: JERRY H. SANSOM 06/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: COX, GEOFF
Address: 10115 KINESANBU RD.
City-St-Zip: HASTINGS, FL 32145

Title: VPD ( ) Delete
Name: PETRICK, ROBERT
Address: 22962 CAPE KODD LANE
City-St-Zip: SUMMERLAND KEY, FL

Title: VP ( ) Delete
Name: TILLIS, GARY
Address: POB 1048
City-St-Zip: STEINHATCHEE, FL 32359

Title: VPD ( ) Delete
Name: ORR, BENNETT
Address: PO BOX 501054
City-St-Zip: MARATHON, FL 33050

Title: PP ( ) Delete
Name: CLOPTON, JOHNNIE
Address: 7007 RICHARD LANE RD
City-St-Zip: PENSACOLA, FL 32582

Title: P ( ) Delete
Name: DAY, RONNIE
Address: P.O. BOX 132
City-St-Zip: SAINT MARKS, FL 32355

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ADAMS, TIM
Address: 426 SW MAPLE STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE DAY PRES 06/01/2009
Electronic Signature of Signing Officer or Director Date