2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712448

FILED Jun 01, 2009 Secretary of State

Entity Name: ORGANIZED FISHERMEN OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 225 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** PO BOX 700 COCOA, FL 32923 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: Name and Address of New Registered Agent: SANSOM, JERRY SANSOM, JERRY H 225 ROCKLEDGE DR. 225 ROCKLEDGE DR US ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COX, GEOFF ADAMS, TIM Name: Name: 10115 KINESANBU RD. Address: 426 SW MAPLE STREET Address: City-St-Zip: HASTINGS, FL 32145 City-St-Zip: SEBASTIAN, FL 32958 Title: () Delete Title: () Change () Addition PETRICK, ROBERT Name: Name: Address: 22962 CAPE KODD LANE Address: City-St-Zip: SUMMERLAND KEY, FL City-St-Zip: () Delete Title: Title: () Change () Addition TILLIS, GARY Name: Name: Address: POB 1048 Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: VPD () Delete Title: () Change () Addition ORR, BENNETT Name: Name: Address: PO BOX 501054 Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: Title: () Delete Title: () Change () Addition CLOPTON, JOHNNIE Name: Name: 7007 RICHARD LANE RD Address: Address: City-St-Zip: PENSACOLA, FL 32582 City-St-Zip: Title: () Delete Title: () Change () Addition DAY, RONNIE Name: Name: Address: P.O. BOX 132 Address: SAINT MARKS, FL 32355 City-St-Zip: 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