2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90216 018 ****61.25

DOCUMENT # 712448

1. Entity Name
ORGANIZED FISHERMEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
476 HWY A1A SUITE 3-A SATELLITE BEACH FL 32937	PO BOX 740 MELBOURNE FL 32902

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
225 Rockledge Dr.	PO Box 740
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge FL.	City & State: Cocoa
Zip: 32955 Country: Brevard	Zip: 32923 Country: Brevard

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	7. Name and Address of New Registered Agent
SANSOM, JERRY 1343 N. A1A APT. 5C SATELLITE BEACH FL 32937	Name Street Address (P.O. Box Number is Not Acceptable): 225 Rockledge Drive City: Rockledge FL Zip Code: 32955

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: Jerry H. Sansom 4/12/03
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COX, GEOFF 875 PINE ISLAND RD. MERRITT ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PETRICK, ROBERT 22962 CAPE KODD LANE SUMMERLAND KEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUSNON, MARTIN P.O. BOX 26 N/A POMONA PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ORR, BENNETT PO BOX 501054 MARATHON FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP CLOPTON, JOHNNIE 7101 WELLS AVE NAVARRE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, JANIE 4272 NASSAU RIVER ROAD FERNANDINA BEACH FL 32034-7319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Janie Thomas SIGNATURE REQUIRED 04-12-03 904-261-6615