## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#713407**

FILED Apr 29, 2007 Secretary of State

Entity Name: FLORIDA SPORT FISHING ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: P O BOX 1216 8850 BROWN CIRCLE CAPE CANAVERAL, FL 32920 504 CAPE CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** P O BOX 1216 CAPE CANAVERAL, FL 32920 FEI Number: 59-1876272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIGGS, ERIC 332 OAKLAND AVE INDIALANTIC, FL 32903 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BERNHARDT, BILL COCHRAN, MIKE Name: Name: 7245 ACKERMAN AVE. Address: 3710 DETROIT STREET Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32926 Title: () Delete Title: () Change () Addition GRIGGS, ERIC Name: Name: Address: 332 OAKLAND AVE Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: () Change () Addition WERNER, DAVE Name: Name: 3785 LONG LEAF DR Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: COLLINS, STEVE Name: Address: 331 LAKE LENELLE DRIVE Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COSTELLO, CHRIS KOSIBA, BILL Name: Name: 1530 RIVERSIDE DRIVE 4290 SKYWAY DRIVE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: PORT ST. JOHN, FL 32927 Title: () Delete Title: () Change () Addition BADGETT, DALE Name: Name: Address: 4800 ANCONA ROAD Address: COCOA, FL 32927 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: ERIC GRIGGS T 04/29/2007