

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713407

FILED
Apr 04, 2008
Secretary of State

Entity Name: FLORIDA SPORT FISHING ASSOCIATION, INC.

Current Principal Place of Business:

8850 BROWN CIRCLE
504
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

P O BOX 1216
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-1876272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIGGS, ERIC
332 OAKLAND AVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: COCHRAN, MIKE
Address: 3710 DETROIT STREET
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: GRIGGS, ERIC
Address: 332 OAKLAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: WERNER, DAVE
Address: 3785 LONG LEAF DR
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: COLLINS, STEVE
Address: 331 LAKE LENELLE DRIVE
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: KOSIBA, BILL
Address: 4290 SKYWAY DRIVE
City-St-Zip: PORT ST. JOHN, FL 32927

Title: P () Delete
Name: BADGETT, DALE
Address: 4800 ANCONA ROAD
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: ERIC R. GRIGGS

T

04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date