

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713407

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** FLORIDA SPORT FISHING ASSOCIATION, INC.

**Current Principal Place of Business:**

332 OAKLAND AVENUE  
INDIALANTIC, FL 32903 US

**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 R  
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  
Name: NELSON, GALE  
Address: 233 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

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

Title: S  
Name: ALOISE, RANDY  
Address: 3072 JACOBUS LN  
City-St-Zip: INDIALANTIC, FL 32903

Title: P  
Name: GOFF, STEVE  
Address: 816 MYSTIC DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP  
Name: CHANDLER, SCOTT  
Address: 1605 VEGA AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: ROWLAND, MICHAEL  
Address: 1081 WELCO ST SE  
City-St-Zip: PALM BAY, FL 32909

I hereby 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 all other like empowered.

SIGNATURE: ERIC R. GRIGGS

T

04/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date