


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 717836					
1. Entity Name BREAM FISHERMEN ASSOCIATION, INC.					
Principal Place of Business 1615 E. LARUA PENSACOLA FL 32501 US			Mailing Address P O BOX 4935 PENSACOLA FL 32507		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7085647	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWERY, CHARLES A. 4041 N HWY 99 CENTURY FL 32535				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSELL, DAN H.	NAME			
STREET ADDRESS	9895 S LOOP RD	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	00000472546 03/29/06-80041-002 61.25		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, J D	NAME			
STREET ADDRESS	400 COLBERT AVE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASON, JOHN H	NAME			
STREET ADDRESS	5885 KEYSTONE RD.	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFBAUER, ROBERT B	NAME			
STREET ADDRESS	701 CESSNA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWERY, CHARLES A	NAME			
STREET ADDRESS	4041 N HIGHWAY 99	STREET ADDRESS			
CITY-ST-ZIP	CENTURY FL	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, JOHN	NAME			
STREET ADDRESS	9360 N. HIGHWAY 29	STREET ADDRESS			
CITY-ST-ZIP	MOLINO FL 32577	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.