


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90016 034 ****61.25

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

40015541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 603

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State
CANTONMENT FL

Zip Country
32533-0603 USA

4. FEI Number
23-7085647

Applied For
 Not Applicable

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 John Bowman **JOHN BOWMAN SECRETARY** 1/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSELL, DAN H. 9895 S LOOP RD PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, J D 400 COLBERT AVE PENSACOLA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASON, JOHN H 5885 KEYSTONE RD. PENSACOLA, FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFBAUER, ROBERT B 701 CESSNA DRIVE PENSACOLA, FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWERY, CHARLES A 4041 N HIGHWAY 99 CENTURY, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWMAN, JOHN 9360 N. HIGHWAY 29 MOLINO, FL 32577	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRUCE LOWERY 4041 N. HWY 99 BRAT FL 32535	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John R Bowman **JOHN BOWMAN** 1/23/08 850 587 3931
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #