

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717836

FILED
Jan 15, 2009
Secretary of State

Entity Name: BREAM FISHERMEN ASSOCIATION, INC.

Current Principal Place of Business:

1615 E. LARUA
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 603
CANTONMENT, FL 325330603

New Mailing Address:

FEI Number: 23-7085647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWERY, CHARLES A.
4041 N HWY 99
CENTURY, FL 32535 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: BROWN, J D
Address: 400 COLBERT AVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: CHASON, JOHN H
Address: 5885 KEYSTONE RD.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HOFFBAUER, ROBERT B
Address: 701 CESSNA DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: PD () Delete
Name: LOWERY, CHARLES A
Address: 4041 N HIGHWAY 99
City-St-Zip: CENTURY, FL

Title: SD () Delete
Name: BOWMAN, JOHN
Address: 9360 N. HIGHWAY 29
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, J D
Address: 400 COLBERT AVE
City-St-Zip: PENSACOLA, FL 32507

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
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: CHARLES A LOWERY

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date