2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 19, 2006 8:00 am Secretary of State

954-426-8418

Daytime Phone #

DOCUMENT # 723224 1. Entity Name EVERGLADES BASSMASTERS OF SOUTH FLORIDA, INC.								05-19-20	06 900:	31 001	****61	.25
Principal Plac 715 NORTHS DEERFIELD E	SHORE DRIV	E	Mailing Address 715 NORTHSHORE DEERFIELD BEACH,				4 I TR IA 1811		Bir Bi r i Fibii			19700
2. Principal Place of Business 3			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05152006 Chg-NP CR2E037 (4/06)						
City & State			City & State			NOT ADDITION DE				plied For t Applicable		
Zip	Zip Country		Zip	Zip Cou		5. Certificate of Sta			atus Desired			
6. Name and Address of Current Registered Agent							7. Name and	Address of N	ew Regis	tered Age	nt	
POTTS, DA	ANIEL				Name							
POTTS, DANIEL 715 NORTHSHORE DRIVE DEERFIELD BEACH, FL 33442					Street Addre	ess (P.0	D. Box Numbe	er is Not Accep	otable)			
					City					FL	Zip Code	9
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	i named entit ions of regist	y submits this statement for tered agent.	the purpose of changing	i uz redister	ea onice or regi	jisi oi a u	гадент, ог вог	ii, iii iii e Siale	or r iorida	. ramiam	and with	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE: Registere	ed Agent signature req	equired wh	nen reinstating)			DATE		
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaig Trust Fund Contri												
Di	_				• –		5.00 May Bodded to Fees	е		check pa	-	
D:	_		Trust Fur		tion.	AD	dded to Fees	e ANGES TO OF	Florida	Departm	ent of St	tate
	PD	OFFICERS AND DIRE	Trust Fur	nd Contribut	tion.	AD	dded to Fees	ANGES TO OF	Florida	Departm	ent of St	tate
10. TITLE NAME	PD ROBERT	OFFICERS AND DIRE	Trust Fur	nd Contribut 11. TITU	tion.	AD D	DITIONS/CHA	ANGES TO OF	Florida	Departm	TORS IN	10
10. TITLE NAME STREET ADDRESS	PD ROBERTS 900 CYPF	OFFICERS AND DIRE S, RAY RESS WAY	Trust Fur	11. TITL NAM	E P	AD D 70MM	dded to Fees DITIONS/CHA	ANGES TO OF	FICERS A	Departm	TORS IN	10
10. TITLE NAME	PD ROBERTS 900 CYPF	OFFICERS AND DIRE	Trust Fur	11. TITL NAM	E PI AE EET ADDRESS 13 C-ST-ZIP	AD D SOMM 312 1 OM	dded to Fees DITIONS/CHA	ANGES TO OF	FICERS A	Departme	TORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS 900 CYPF BOCA RA VPD BROWNIII	OFFICERS AND DIRE OFFICERS AND DIRE S, RAY RESS WAY ATON, FL 33486 NG, DOUG	Trust Fur	11. 11III. NAW STRICCITY TITLL NAM	E PJ AE SC EET ADDRESS (1-ST-ZIP E TABLE	AD D 312 / 0/A/	DITIONS/CHANGE (04) Spnings	ANGES TO OF K DIIN F, FL 33	FICERS A	Departme	TORS IN	10 Addition
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