2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723224

Apr 28, 2008 Secretary of State

Entity Name: EVERGLADES BASSMASTERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

19628 MONTANA LANE BOCA RATON, FL 33434

Current Mailing Address: New Mailing Address:

19628 MONTANA LANE BOCA RATON, FL 33434

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REEVES, ROBERT G 19628 MÓNTANA LANE BOCA RATON, FL 33434 US

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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOCA RATON, FL 33433

() Delete (X) Change () Addition PARTIN, LEROY SINGER, ROY Name: Name: 5022 N.W. 96TH DRIVE Address: 3550 BLUE LAKE DRIVE #B-201 Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD Title: (X) Change () Addition () Delete

KNORR, ED Name: POTTS, DANIEL Name:

Address: 23377 LAGO MAR CIRCLE Address: 715 NORTHSHORE DRIVE City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Delete Title: () Change () Addition

REEVES, ROBERT G Name: Name: Address: 19628 MONTANA LANE Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip:

DEERFIELD BEACH, FL 33442

Title: SD () Delete Title: SD (X) Change () Addition Name: POTTS, DANIEL Name: DARMODY, BRETT 715 NORTHSHORE DRIVE 6121 TOWN COLONY DRIVE #722 Address: Address:

Title: Title: (X) Change () Addition

() Delete

FARMER, JON DE VEGA, LEO Name: Name: 1408 N.W.62 AVE 10220 REFLECTION BLVD #107 Address: Address:

SUNRISE, FL 33351 City-St-Zip: MARGATE, FL 33063 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: ROBERT G REEVES TR 04/28/2008