2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 723224

Entity Name: EVERGLADES BASSMASTERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

19628 MONTANA LANE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19628 MONTANA LANE
BOCA RATON, FL 33434

New Mailing Address:

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

Name and Address of Current Registered Agent:

REEVES, ROBERT G
19628 MONTANA LANE
BOCA RATON, FL 33434 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: PD ( ) Delete
Name: SINGER, ROY
Address: 3550 BLUE LAKE DRIVE #B-201
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD ( ) Delete
Name: POTTS, DANIEL
Address: 715 NORTHSHORE DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: TR ( ) Delete
Name: REEVES, ROBERT G
Address: 19628 MONTANA LANE
City-St-Zip: BOCA RATON, FL 33434

Title: SD ( ) Delete
Name: DARMODY, BRETT
Address: 6121 TOWN COLONY DRIVE #722
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete
Name: DE VEGA, LEO
Address: 10220 REFLECTION BLVD #107
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DARMODY, BRETT
Address: 21427 TOWN LAKES DRIVE # 217
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ROSKOS, JOHN
Address: 1012 WEST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486

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: ROBERT G. REEVES TR 04/08/2009

Electronic Signature of Signing Officer or Director — Date