

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726216

FILED
Mar 14, 2006
Secretary of State

Entity Name: SEBASTIAN INLET SPORTFISHING ASSOCIATION, INC.

Current Principal Place of Business:

US HIGHWAY #1
P.O. BOX 2504
MELBOURNE, FL 32902 US

New Principal Place of Business:

Current Mailing Address:

US HIGHWAY #1
P.O. BOX 2504
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 23-7427601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HINKEL, BILL
327 N COCOA BLVD US1
COCOA, FL 32922 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: P () Delete
Name: CLIFFORD, GREG
Address: 973 SUNSWEPT RD NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: MAXWELL, BOB
Address: 1112 LINCOLN ST. NE
City-St-Zip: PALM BAY, FL 32905

Title: VPD () Delete
Name: DROWN, GARY
Address: 6130 BRABROOK AVENUE
City-St-Zip: GRANT, FL 32949

Title: S () Delete
Name: SHENKER, JOHN
Address: 3617 EAGLENEST COURT
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: HINKEL, BILL
Address: 3690 LINNEA ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: NORMAN, MITZIE
Address: 971 SUNSWEPT RD. NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: BILL HINKEL

T

03/14/2006

Electronic Signature of Signing Officer or Director

Date