

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734205

FILED
Jul 10, 2009
Secretary of State

Entity Name: FISH OF ENGLEWOOD, INC.

Current Principal Place of Business:

1800 ENGLEWOOD RD
#72
ENGLEWOOD, FL 34223

New Principal Place of Business:

2140 PENNSYLVANIA AVE
ENGLEWOOD, FL 34224 US

Current Mailing Address:

1800 ENGLEWOOD RD
#72
ENGLEWOOD, FL 34223

New Mailing Address:

2140 PENNSYLVANIA AVE
ENGLEWOOD, FL 34224 US

FEI Number: 59-2363273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINNIGAN, CAROL
2140 PENNSYLVANIA
ENGLEWOOD, FL 34224 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: BAHN, WILLIAM W
Address: 8276 PARKSIDE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: VPD () Delete
Name: YOUNG, MARY JANE
Address: 9445 CRUGAR TERRACE
City-St-Zip: ENGLEWOOD, FL 34223

Title: ATD () Delete
Name: HARSHBARGER, NORMAN
Address: 1800 ENGLEWOOD RD, # 75
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD () Delete
Name: FINNIGAN, CAROL
Address: 2140 PENNSYLVANIA AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD () Delete
Name: STEVENS, VERNA
Address: 541 WEKIVA CT
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD () Delete
Name: HARTMAN, ROBERT
Address: 6 STONES THROW WAY
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KALLOP, JOHN
Address: 1885 NEPTUNE DR.
City-St-Zip: ENGLEWOOD, FL 34223 US

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 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: CAROL FINNIGAN

TD

07/10/2009

Electronic Signature of Signing Officer or Director

Date