2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736705

FILED Jan 21, 2004 Secretary of State

Entity Name: GULF AND SOUTH ATLANTIC FISHERIES FOUNDATION, INC.

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

5401 W KENNEDY BLVD, STE 997 5401 W KENNEDY BLVD, STE 740

TAMPA, FL 33609 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

5401 W KENNEDY BLVD STE 997 5401 W KENNEDY BLVD STE 740

TAMPA, FL 33609 US TAMPA, FL 33609 US

FEI Number: 59-1684802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JAMISON, JUDY L JAMISON, JUDY L 5456 FRIÁRS?WAY DRIVE 5456 FRIARSWAY DRIVE

TAMPA, FL 33624 TAMPA, FL 33624

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: JUDY L. JAMISON 01/21/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLIAMS, KAY WILLIAMS, KAY Name: Name:

9905 WIRE RD Address: 9905 WIRE RD Address: City-St-Zip: VANCLEAVE, MS 39565 City-St-Zip: VANCLEAVE, MS 39565

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

JAMISON, JUDY L. Name: Name: Address: 5456 FRIARSWAY DR Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip:

Title: VD. () Delete Title: PD (X) Change () Addition

LELAND, RUTLEDGE LELAND, RUTLEDGE Name: Name: 22 OAK STREET 22 OAK STREET Address:

Address: City-St-Zip: MCCLELLANVILLE, SC 29458 City-St-Zip: MCCLELLANVILLE, SC 29458

Title: SD () Delete Title: TSD (X) Change () Addition Name: VOISIN, MICHAEL Name: SCHILL, JERRY

Address: 412 PALM AVENUE Address: 1113 CHERRY TREE DRIVE City-St-Zip: HOUMA, LA 70364 City-St-Zip: NEW BERN, NC 28562

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

LOVE, FULTON Name: Name: 6817 BASIN RD Address: Address: City-St-Zip: SAVANNAH, GA 31419 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDY L. JAMISON **EDS** 01/21/2004