

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738990

FILED
Mar 23, 2009
Secretary of State

Entity Name: SOUTHERN OFFSHORE FISHING ASSOCIATION, INC.

Current Principal Place of Business:

5551/2 150TH AVENUE
MADEIRA BCH., FL 33708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 86537
MADEIRA BEACH, FL 33738

New Mailing Address:

FEI Number: 59-2369122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWINAM, MARK
13609 GULF BLVD
MADEIRA BCH, FL 33708 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/D () Delete
Name: AREND, BASIL
Address: 6228 9TH AVE N
City-St-Zip: ST. PETERBURG, FL 33710

Title: VPD () Delete
Name: TWINAM, MARK
Address: 13331 GULF BLVD.
City-St-Zip: MADEIRA BEACH, FL

Title: S/TD () Delete
Name: DUNSIZER, MICHAEL
Address: 750 E. WELCH CAUSEWAY
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: V/PD () Delete
Name: GOLDEN, JACK L
Address: 495 OAK HILL CIR
City-St-Zip: SARASOTA, FL 34232

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:

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: MIKE DUNZIER

TREA

03/23/2009

Electronic Signature of Signing Officer or Director

Date