

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739211

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.

**Current Principal Place of Business:**

139 INDIAN MOUND  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 936  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 65-0450063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAGOOD, RICHARD A.  
309 PALM AVE.  
ISLAMORADA, FL 33036      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: VC ( ) Delete  
Name: PEREZ, DALE  
Address: 158 E. CARROLL  
City-St-Zip: ISLAMORADA, FL 33036

Title: VC ( ) Delete  
Name: BREWER, CRAIG  
Address: 153 S. HAMMOCK  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: MILLER, RICK  
Address: 127 INDIAN MOUND TR  
City-St-Zip: TAVERNIER, FL 33070

Title: C ( ) Delete  
Name: BURKE, TAD  
Address: 139 INDIAN MOUND TRAIL  
City-St-Zip: ISLAMORADA, FL 33036

Title: S ( ) Delete  
Name: BORRAS, DAVID  
Address: 135 SIOUX ST.  
City-St-Zip: TAVERNIER, FL 33070

Title: T ( ) Delete  
Name: ALBURY, RUSTY  
Address: 113 MATECUMBE AVE  
City-St-Zip: ISLAMORADA, FL 33036

**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 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: TAD BURKE

COM

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date