

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739211

FILED  
Apr 22, 2011  
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  
Name: PEREZ, DALE  
Address: 158 E. CARROLL  
City-St-Zip: ISLAMORADA, FL 33036

Title: VC  
Name: MORET, DREW  
Address: 149 MADEIRA ROAD  
City-St-Zip: ISLAMORADA, FL 33036

Title: D  
Name: BAKER, DUANE  
Address: 152 JASMINE STREET  
City-St-Zip: PLANTATION KEY, FL 33070

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUSTY ALBURY

TRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date