2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 755462

Entity Name: NORTHEAST FLORIDA MARLIN ASSOCIATION, INC.

Current Principal Place of Business:

3050 HARBOR DR
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

3050 HARBOR DR
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-2064181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBS, CHRIS M
3050 HARBOR DRIVE
SAINT AUGUSTINE, FL 32084 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:	T	( ) Delete
Name:	COMBS, CHRIS M	
Address:	3050 HARBOR DR	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	P	( ) Delete
Name:	SOUSA, TIM	
Address:	3050 HARBOR DRIVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	MARTIN, TIM	
Address:	4230 TIDEVIEW DR.	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	(X) Change ( ) Addition
Name:	SOUSA, TIM	
Address:	601 PEGGY PLACE	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	D	( ) Change (X) Addition
Name:	MASON, JOE	
Address:	2836 KINGS RD.	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	D	( ) Change (X) Addition
Name:	BISHOP, BRAD	
Address:	2103 WINDJAMMER LANE	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Change (X) Addition
Name:	ODOM, IRA	
Address:	688 MARSHVIEW DR.	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	D	( ) Change (X) Addition
Name:	O'CONNELL, WILLIAM H	
Address:	2825 LEWIS SPEEDWAY, SUITE 104	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

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: WILLIAM H. O'CONNELL D 04/23/2009

Electronic Signature of Signing Officer or Director — Date