

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90028 048 ****61.25

DOCUMENT # 756187

1. Entity Name
FORT PIERCE SPORTFISHING CLUB, INC.



Principal Place of Business
P.O. BOX 4051
FORT PIERCE, FL 34948-4051

Mailing Address
P.O. BOX 4051
FORT PIERCE, FL 34948-4051

2. Principal Place of Business - No P.O. Box #
2303 Atlantic Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FT Pierce, Florida

City & State

Zip
34949

Country
USA

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2163497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COMBS, BRIAN
2303 ATLANTIC BEACH BLVD
FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAWSON, DEBORA**
CITY-ST-ZIP **7002 KENWOOD DR**
FORT PIERCE, FL 34951

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **BRYAN, BEN L**
CITY-ST-ZIP **211 N. 2ND ST.**
FORT PIERCE, FL 34950

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **COMBS, BRIAN**
CITY-ST-ZIP **2303 ATLANTIC BEACH BLVD**
FORT PIERCE, FL 34949

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENTON, KADRI**
CITY-ST-ZIP **1355 BAYSHORE DR**
FORT PIERCE, FL 34952

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **BRITT, GERALD C**
CITY-ST-ZIP **6510 STUDENT WAY**
FORT PIERCE, FL 34951

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **SESSA, JOSEPH A**
CITY-ST-ZIP **7105 DEER PARK DR**
FORT PIERCE, FL 34951

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Jeff Quattraro**
CITY-ST-ZIP **602 Georgia Court**
FT Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Kadri Benton**
CITY-ST-ZIP **1355 Bayshore Dr**
Fort Pierce, FL 34952

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Vicky Tillman**
CITY-ST-ZIP **435 Waters Way**
FT Pierce, FL 34946

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Rogelio Gonzalez**
CITY-ST-ZIP **1208 Fleetwood Lane**
FT Pierce, FL 34982

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRIAN COMBS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 **772-465-0156**
Date Daytime Phone #