

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757816

FILED
Feb 02, 2009
Secretary of State

Entity Name: BIG REEL BASSMASTERS OF MARGATE, INC.

Current Principal Place of Business:

1945 LAKE POINT DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1945 LAKE POINT DRIVE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0128574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINFELD, EUGENE M.
7481 N.W. 42ND STREET
LAUDERHILL, FL 33319 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: PD () Delete
Name: DAVIS, TIM
Address: 1813 NW 62 TERR
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: ROSE, ANDREW
Address: 5400B LAKEWOOD CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: KELLEHER, HARRY
Address: 720 BLUE RIDGE WAY
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: GRIFFITH, ED
Address: 1945 LAKE POINT DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, ARTHUR
Address: 6571 NW 52 ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD (X) Change () Addition
Name: ROSE, JULIUS
Address: 7929 NW 1 ST
City-St-Zip: MARGATE, FL 33063

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: ED GRIFFITH

TD

02/02/2009

Electronic Signature of Signing Officer or Director

Date