


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 769453 1. Entity Name WEST PALM BEACH FISHING CLUB, INC.	
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Principal Place of Business 201 FIFTH STREET P.O. BOX 468 W PALM BCH, FL 33402	Mailing Address 201 FIFTH STREET P.O. BOX 468 W PALM BCH, FL 33402
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0058566	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TWYFORD, THOMAS L., JR. 201 FIFTH STREET W. PALM BEACH, FL 33402

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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03/13/07-80053-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLEY, JOHN W., JR. 205 S OCEAN BLVD MANALAPON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEISER, DANIEL R. 200 W RIVERSIDE DR JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, THOMAS 400 EXECUTIVE CENTER DR. #105 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWYFORD, THOMAS L., JR. 921 LAUREL RD N PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **2/27/07** (561) 832-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debiture Phone #