2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004464

FILED Jan 05, 2009 Secretary of State

Entity Name: AQUACULTURE CERTIFICATION COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 706 & 714 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429 **Current Mailing Address: New Mailing Address:** PO BOX 2530 CRYSTAL RIVER, FL 34423 FEI Number: 45-0499364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, BETTY MOORE, BETTY E 706 & 714 N SUNCOAST BLVD 706 & 714 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 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: BETTY E. MORE 01/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WOODHOUSE, CHARLES F Name: Name: 224 NE 10TH AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: Title: () Delete () Change () Addition LESLIE, MARK Name: Name: Address: 18 ELECTRONICS AVE Address: City-St-Zip: DANVERS, MA 01923 City-St-Zip: Title: () Delete Title: () Change () Addition LAWRENCE, ADDISON L Name: Name: 1300 PORT STREET PO BOX Q Address: Address: City-St-Zip: PORT ARANSAS, TX 78373 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HEERIN, JAMES Name: 765 LULLWATER ROAD Address: Address: City-St-Zip: ATLANTA, GA 30307 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition MORE, WILLIAM R Name: Name: MORE, WILLIAM R PO BOX 2350 Address: Address: PO BOX 2350 CRYSTAL RIVER, FL 34423 City-St-Zip: City-St-Zip: CRYSTAL RIVER, FL 34423 Title: () Delete Title: () Change () Addition JACOBSON, PEDER J Name: Name: Address: 10591 SW 67TH AVE Address: MIAMI, FL 33156 City-St-Zip: 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: WILLIAM R. MORE VP 01/05/2009