

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25497

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: IZAAK WALTON CLUB, USEPPA ISLAND, FLORIDA, INC.

## Current Principal Place of Business:

USEPPA ISLAND  
8115 MAIN STREET  
BOKEELIA, FL 33922

## New Principal Place of Business:

8115 MAIN STREET  
BOKEELIA, FL 33922

## Current Mailing Address:

USEPPA ISLAND  
P.O. BOX 640  
BOKEELIA, FL 33922

## New Mailing Address:

P.O. BOX 640  
BOKEELIA, FL 33922

FEI Number: 59-1740604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOOREY, THOMAS E.  
1430 ROYAL PALM SQUARE BOULEVARD  
SUITE 103  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

FITZSIMMONS, TIMOTHY G  
95 GREEN DOLPHIN DRIVE  
CAPE HAZE, FL 33946 US

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: TIMOTHY G. FITZSIMMONS

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TIMOTHY G. FITZSIMMONS, NS  
Address: USEPPA ISLAND  
City-St-Zip: BOKEELIA, FL 33922

Title: VP ( ) Delete  
Name: GARFIELD R. BECKSTEAD, D  
Address: USEPPA ISLAND  
City-St-Zip: BOKEELIA, FL 33922

Title: TRES ( ) Delete  
Name: CADWELL, CHAD  
Address: UPEPPA ISLAND  
City-St-Zip: BOKEELLA, FL 33922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FITZSIMMONS, TIMOTHY G  
Address: 95 GREEN DOLPHIN DRIVE  
City-St-Zip: CAPE HAZE, FL 33946

Title: VP (X) Change ( ) Addition  
Name: BECKSTEAD, GARFIELD R  
Address: P.O. BOX 640  
City-St-Zip: BOKEELIA, FL 33922

Title: TRES (X) Change ( ) Addition  
Name: CADWELL, CHAD C  
Address: P.O. BOX 640  
City-St-Zip: BOKEELIA, FL 33922

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY G. FITZSIMMONS

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date