

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90053 033 ****61.25

DOCUMENT # N00000001947

1. Entity Name
SOUTH FLORIDA BASS ANGLER'S, INC.



Principal Place of Business
**7171 SARATOGA WATERS WAY
LAKE WORTH, FL 33467**

Mailing Address
**7171 SARATOGA WATERS WAY
LAKE WORTH, FL 33467**

40018344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0837350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOLM, SCOTT
7171 SARASOTA WATERS WAY
LAKE WORTH, FL 33467

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

2-22-06

Filing Fee is \$61.25
Due by May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	MALCOLM, SCOTT	
STREET ADDRESS	1847 ARAGON AVE., #7	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARDS, DONALD	
STREET ADDRESS	3818 FLORIDA BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KEYSER, DOUG	
STREET ADDRESS	6653 VENETIAN DRIVE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAUERS, BILL	
STREET ADDRESS	245 SCARBOROUGH TERRACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kochler, Eric	
STREET ADDRESS	203 S.W. Kestor	
CITY-ST-ZIP	Pkt St. Lucie, FL 34953	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, STUART	
STREET ADDRESS	1100 S.W. 15 ST.	
CITY-ST-ZIP	Boynton Bch, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.