**FILED**
**Jan 20, 2005 08:00 AM**
**Secretary of State**

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001613

1. Entity Name
SOUTH FLORIDA FLATS ANGLERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1177 SE 3RD AVE.<br>FT. LAUDERDALE, FL 33316 | 1177 SE 3RD AVE.<br>FT. LAUDERDALE, FL 33316 |

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROSS, WILLIAM S
1177 SE 3RD AVE.
FT. LAUDERDALE, FL 33316

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | WHITE, TOBY |
| STREET ADDRESS | 264 IMPERIAL LANE |
| CITY-ST-ZIP | LAUDERDALE BY THE SEA, FL 33308 |
| TITLE | V |
| NAME | DUFFY, DON |
| STREET ADDRESS | 7621 HOOD STREET |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 |
| TITLE | T |
| NAME | JONES, CHARLES |
| STREET ADDRESS | 7808 NW 69 TERR |
| CITY-ST-ZIP | TAMARAC, FL 33321 |
| TITLE | D |
| NAME | DAEMER, STANLEY |
| STREET ADDRESS | 4160 NW 8 ST. |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | S |
| NAME | CROSS, WILLIAM C |
| STREET ADDRESS | 1177 SE 3RD AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000185927
01/21/05-80035-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JAN. 15, 2005 305-653-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #