

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001613

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA FLATS ANGLERS, INC.

**Current Principal Place of Business:**

7808 NW 69 TERRACE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7808 NW 69 TERRACE  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, CHARLES C  
7808 NW 69 TERRACE  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAWYER, DAN  
Address: 10415 SW 23RD COURT  
City-St-Zip: DAVIE, FL

Title: D  
Name: DAEMER, STANLEY  
Address: 4100 NW 8TH STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: T  
Name: JONES, CHARLES  
Address: 7808 NW 69 TERRACE  
City-St-Zip: TAMARAC, FL 33321

Title: S  
Name: VAZQUEZ, MATEO  
Address: 1214 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP  
Name: BELLET, MICHAEL  
Address: 36 FIESTA WAY  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D  
Name: OLIVIER, JOHN  
Address: 3100 NORTH OCEAN BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: CHARLES JONES

T

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date