

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002098

FILED  
Feb 26, 2008  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA OUTDOORSMAN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

29380 PINE VILLA CIRCLE  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

29380 PINE VILLA CIRCLE  
PUNTA GORDA, FL 33982

**New Mailing Address:**

**FEI Number:** 65-1094950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEEKIN, JOHN C  
21202-C2 OLEAN BLVD.  
PORT CHARLOTTE, FL 33952 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 ( ) Delete  
Name: ANDREU, ROBERT A  
Address: 29380 PINE VILLA CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: V ( ) Delete  
Name: EDWARDS, ROBERT  
Address: 35910 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S ( ) Delete  
Name: DORAN, JOE  
Address: 145 DATE ST  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T ( ) Delete  
Name: MONROE, JOE  
Address: 1020 GRANT ST.  
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete  
Name: FORD, SCOTT  
Address: 3321 AMES ST  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT A ANDREU

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date