

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004855

FILED
May 03, 2004
Secretary of State**Entity Name:** NORTH FLORIDA GULF FISHING CLUB, INC.**Current Principal Place of Business:**5494 CHARLES SAMUEL DR.
TALLAHASSEE, FL 32309**New Principal Place of Business:****Current Mailing Address:**PO BOX 14835
TALLAHASSEE, FL 323174835**New Mailing Address:****FEI Number:** 71-6933154**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STINSON, STEVEN W
5494 CHARLES SAMUEL DR.
TALLAHASSEE, FL 32308**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: STINSON, STEVEN W
Address: 5494 CHARLES SAMUEL DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: DALTON, MICHAEL J TD
Address: 118 NORTHWOOD LANE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: T () Delete
Name: SIMPSON, CHARLES E JR
Address: 5713 COUNTRY SIDE DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: TO () Delete
Name: KEELS, THOMAS DIR
Address: 2297 TALLAHASSEE DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA () Delete
Name: SIMPSON, CHARLES E JR.
Address: 5713 COUNTRYSIDE DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: P () Delete
Name: STINSON, STEVEN W PRES
Address: 5494 CHARLES SAMUEL DR.
City-St-Zip: TALLAHASSEE,, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SIMPSON, CHARLES E JR
Address: 5713 COUNTRY SIDE DR.
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: DIR (X) Change () Addition
Name: SIMPSON, CHARLES E JR.
Address: 5713 COUNTRYSIDE DR.
City-St-Zip: TALLAHASSEE, FL 32317

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE STINSON

P

05/03/2004

Electronic Signature of Signing Officer or Director

Date