

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004855

FILED  
Apr 09, 2008  
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 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: DIR ( ) Delete  
Name: STINSON, STEVEN W  
Address: 5494 CHARLES SAMUEL DR.  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: P ( ) Delete  
Name: TAYLOR, STEVE M  
Address: 8725 OLD BAINBRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: GRIFFITH, DAVID B  
Address: 1304 ELEANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: SCIBELLI, MICHAEL  
Address: 3005 TRESTWICK WAY  
City-St-Zip: TALLAHASSEE, FL 32312

**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: S (X) Change ( ) Addition  
Name: SMITH, MICHAEL T  
Address: 9 BOB MILLER ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: MICHAEL A SCIBELLI

T

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date