

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001158

FILED
Apr 17, 2009
Secretary of State

Entity Name: TRI-COUNTY FLY FISHERS, INC.

Current Principal Place of Business:

543 CARRERA DR,
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

543 CARRERA DR.
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 02-0581896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOORJIAN, PAUL ESQ
12947 SE 90TH CT. RD.
SUMMERFIELD, FL 34491 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: D () Delete
Name: DOMBEK, DOUGLAS M
Address: 543 CARRERA DR
City-St-Zip: THE VILLAGES, FL 32159

Title: DV () Delete
Name: WINTER, MICHAEL
Address: 13155 SE 91ST COURT RD.
City-St-Zip: SUMMERFIELD, FL 34481

Title: DT () Delete
Name: RASMUSSEN, WARREN
Address: 17054 SE 93RD YONDEL CIRCLE
City-St-Zip: THE VILLAGES, FL 32159

Title: DS () Delete
Name: ELIAS, MARILEE
Address: 1402 NAVARRO CT.
City-St-Zip: THE VILLAGES, FL 32159

Title: D () Delete
Name: FERRIS, DAVID
Address: 2604 CARIBE DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: DP () Delete
Name: RUSSELL, ED
Address: 2022 SALINAS AVE.
City-St-Zip: THE VILLAGES, FL 32159

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: DS (X) Change () Addition
Name: GRYN, RONALD
Address: 2125 JASPER WAY
City-St-Zip: THE VILLAGES, FL 32162

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: DOUGLAS M. DOMBEK

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date