2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000328

FILED Jan 04, 2007 Secretary of State

Entity Name: SOUTH FLORIDA FLY FISHING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 1027 POLK ST HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 1027 POLK ST HOLLYWOOD, FL 33019 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CINDY RUSSELL CINDY RUSSELL 1027 POLK STREET 1027 POLK STREET HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US 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: CINDY RUSSELL 01/04/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RUSSELL, CINDY Name: Name: 1027 POLK STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition LICATA, ANTHONY Name: OLIVIER, JOHN Name: Address: 233 SE 11TH AVE. Address: C/O 1027 POLK STREET City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: HOLLYWOOD, FL 33019 Title: VD () Delete Title: (X) Change () Addition JONES, CHARLIE OLIVIER, JOHN Name: Name: 1901 N. OCEAN BLVD. #8B C/O 1027 POLK STREET Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33305 City-St-Zip: HOLLYWOOD, FL 33019 Title: SD () Delete Title: (X) Change () Addition Name: LICATA, MELISSA Name: HAENNICKE, GEORGE O Address: 233 SE 11TH AVE Address: C/O 1027 POLK STREET City-St-Zip: POMPANO BCH, FL 33060 City-St-Zip: HOLLYWOOD, FL 33019 Title: () Delete Title: () Change () Addition VALVERDE, KELLY Name: Name: C/O 1027 POLK STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change (X) Addition GIACOBBA, MARK Name: Name: Address: Address: C/O 1027 POLK STREET HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY RUSSELL PD 01/04/2007