

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000328

FILED
Jan 03, 2008
Secretary of State

Entity Name: SOUTH FLORIDA FLY FISHING CLUB, INC.

Current Principal Place of Business:

1027 POLK ST
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1027 POLK ST
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CINDY RUSSELL
1027 POLK STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

RUSSELL, CINDY
1027 POLK STREET
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

01/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, CINDY
Address: 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD () Delete
Name: OLIVIER, JOHN
Address: C/O 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: JONES, CHARLIE
Address: C/O 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: HAENNICKE, GEORGE O
Address: C/O 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD () Delete
Name: VALVERDE, KELLY
Address: C/O 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: GIACOBBA, MARK
Address: C/O 1027 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33019

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:

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: CINDY RUSSELL

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date