

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000328

FILED
Apr 15, 2009
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:

1323 SE 3 AVENUE
POMPANO BCH, FL 33060

Current Mailing Address:

1027 POLK ST
HOLLYWOOD, FL 33019

New Mailing Address:

1323 SE 3 AVENUE
POMPANO BCH, FL 33060

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, CINDY
1027 POLK STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

TOLLE, TWIG
1323 SE 3 AVENUE
POMPANO BCH, FL 33060 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: TWIG TOLLE

04/15/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOLLE, TWIG
Address: 1323 SE 3 AVENUE
City-St-Zip: POMPANO BCH, FL 33060

Title: VD (X) Change () Addition
Name: OLIVIER, JOHN
Address: 3100 NORTH OCEAN BLVD., APT 2404
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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

Title: TD (X) Change () Addition
Name: VALVERDE, KELLY
Address: 5040 SW 116 AVE
City-St-Zip: COOPER CITY, FL 33330

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: KELLY VALVERDE

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date