

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006986

FILED
Aug 15, 2006
Secretary of State

Entity Name: FLORIDA LURE ANGLERS, INC.

Current Principal Place of Business:

1015 ATLANTIC BLVD SUITE 197
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1015 ATLANTIC BLVD SUITE 197
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 81-0629547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKS, KEN T
6150 CATOMA ST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

MORRIS, ROBERT V
536 BOWLES ST
NEPTUNE BEACH, FL 32266 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: ROBERT V MORRIS

08/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKS, KEN
Address: 6150 CATOMA ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: V () Delete
Name: MORRIS, BOB
Address: 536 BOWLES ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: NOBLES, J.D.
Address: 1015 ATLANTIC BLVD SUITE 197
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: BITTNER, CHARLES
Address: 286 DEVONSHIRE LN
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: ISBELL, ANGEL
Address: 1015 ATLANTIC BLVD SUITE 197
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: ISBELL, JACKIE
Address: 700 VALLEY FORGE RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, ROBERT
Address: 536 BOWLES ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: V (X) Change () Addition
Name: ISBELL, JACKIE
Address: 700 VALLEY FORGE RD
City-St-Zip: JACKSONVILLE, FL 32208

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 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: ROBERT V MORRIS

P

08/15/2006

Electronic Signature of Signing Officer or Director

Date