

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006986

FILED  
Aug 07, 2007  
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:

## 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

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:      ( ) 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: ROBERT MORRIS

P

08/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date