

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008660

FILED
Jan 06, 2006
Secretary of State

Entity Name: ISLAMORADA FISHING AND CONSERVATION TRUST, INC.

Current Principal Place of Business:

104 MADEIRA DRIVE
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

107 VALENCIA DRIVE
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 54-2127402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICE, JAMES
107 VALENCIA DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: VP () Delete
Name: LODGE, ROBERT J
Address: 14430 MUSTANG TRAIL
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: P () Delete
Name: TRICE, JAMES E
Address: 107 VALENCIA DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: ST () Delete
Name: JONES, SHARON
Address: P O BOX 534
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: COLLINS, KYM
Address: PO BOX 803
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: ELLIS, GARY
Address: P O BOX 273
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: BRITO, STEVE
Address: 168 PLANTATION BLVD
City-St-Zip: ISLAMORADA, FL 33036

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: JAMES E. TRICE

PRES

01/06/2006

Electronic Signature of Signing Officer or Director

Date