2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008660

FILED Jan 06, 2007 Secretary of State

Entity Name: ISLAMORADA FISHING AND CONSERVATION TRUST, INC.

Current Principal Place of Business: New Principal Place of Business: 104 MADEIRA DRIVE ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 107 VALENCIA DRIVE PO BOX 22 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 FEI Number: 54-2127402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRICE, JAMES 107 VÁLENCIA DRIVE ISLAMORADA, FL 33036 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CULBERSON, CHERYL LODGE, ROBERT J Name: Name: 14430 MUSTANG TRAIL Address: 161 LEONI DRIVE Address: City-St-Zip: FT. LAUDERDALE, FL 33330 City-St-Zip: ISLAMORADA, FL 33330 Title: Title: (X) Change () Addition () Delete TRICE, JAMES E Name: STOBER, ROB Name: Address: 107 VALENCIA DRIVE Address: 90130 OLD HIGHWAY City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: TAVERNIER, FL 33070 Title: () Delete Title: () Change () Addition JONES, SHARON Name: Name: Address: P O BOX 534 Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: () Change () Addition COLLINS, KYM Name: Name: Address: PO BOX 803 Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: () Change () Addition ELLIS, GARY Name: Name: P O BOX 273 Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: () Delete Title: (X) Change () Addition TRICE, JAMES BRITO, STEVE Name: Name: Address: 168 PLANTATION BLVD Address: 107 VALENCIA DRIVE ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 City-St-Zip: 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 D 01/06/2007