


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90037 013 ****61.25

DOCUMENT # N03000008660 1. Entity Name ISLAMORADA FISHING AND CONSERVATION TRUST, INC.					
Principal Place of Business 104 MADEIRA DRIVE ISLAMORADA, FL 33036			Mailing Address PO BOX 22 ISLAMORADA, FL 33036		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2127402	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRICE, JAMES 107 VALENCIA DRIVE ISLAMORADA, FL 33036				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULBERSON, CHERYL <input type="checkbox"/> Delete 161 LEONI DRIVE ISLAMORADA, FL 33330				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOBER, ROB <input type="checkbox"/> Delete 90130 OLD HIGHWAY TAVERNIER, FL 33070				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, SHARON <input checked="" type="checkbox"/> Delete P O BOX 534 ISLAMORADA, FL 33036				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, KYM <input type="checkbox"/> Delete PO BOX 803 ISLAMORADA, FL 33036				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, GARY <input checked="" type="checkbox"/> Delete P O BOX 273 ISLAMORADA, FL 33036				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRICE, JAMES <input type="checkbox"/> Delete 107 VALENCIA DRIVE ISLAMORADA, FL 33036				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GLENDA KELLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1948 TWIN DOLPHIN LAKE FT LAUDERDALE, FL 33316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1/4/08 Daytime Phone #: 305 664 4483					