2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N03000008660

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:

PO BOX 22
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: CULBERSON, CHERYL
Address: 161 LEONI DRIVE
City-St-Zip: ISLAMORADA, FL 33330

Title: P ( ) Delete
Name: STOBER, ROB
Address: 90130 OLD HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

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

Title: S ( ) Delete
Name: KELLY, GLENDA
Address: 1948 TWIN DOLPHIN LN
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: TRICE, JAMES
Address: 107 VALENCIA DRIVE
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
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: KYM COLLINS T 03/30/2009

Electronic Signature of Signing Officer or Director — Date