

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000686

FILED
Jan 09, 2008
Secretary of State

Entity Name: TEEN SPORTFISHING ASSOCIATION INC.

Current Principal Place of Business:

1351 BUCKLES RD.
BARBERVILLE, FL 32105

New Principal Place of Business:

Current Mailing Address:

1351 BUCKLES RD.
PIERSON, FL 32180

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHARDY, WENDY
1351 BUCKLES RD
PIERSON, FL 32180 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: P () Delete
Name: BROWN, JOHN
Address: 714 LOLA AVE.
City-St-Zip: DELTONA, FL 32728

Title: V () Delete
Name: LINDSEY, WAYNE
Address: 3124 HYDER AVE
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: BROWN, SHIRLEY
Address: P.O. BOX 1194
City-St-Zip: DELEON SPRINGS, FL 32130

Title: S () Delete
Name: MCKENZIE, CHARLENE
Address: P.O. BOX 1287
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAZARUS, NEAL
Address: 6425 CRESTVIEW RD.
City-St-Zip: ORLANDO, FL 32810

Title: V (X) Change () Addition
Name: GURGACZ, MATT
Address: 2142 DUMAS DR.
City-St-Zip: DELTONA, FL 32738

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: SHIRLEY BROWN

T

01/09/2008

Electronic Signature of Signing Officer or Director

Date