



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90209 021 \*\*\*\*61.25

<b>DOCUMENT # N04000000956</b> 1. Entity Name <b>FLORIDA STATE UNIVERSITY FISHING CLUB, INC.</b>					
Principal Place of Business <b>STUDENT ACTIVITIES CENTER A 305 OGELSBY UNION TALLAHASSEE, FL 32306</b>			Mailing Address <b>STUDENT ACTIVITIES CENTER A 305 OGELSBY UNION TALLAHASSEE, FL 32306</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
04282005    Chg-NP    CR2E037 (10/03)					
4. FEI Number <b>26-0079024</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FOSS, DANIEL S 2207 ESCAMBIA DR TALLAHASSEE, FL 32304</b>			Name <b>W. Tyler Patterson</b> Street Address (P.O. Box Number is Not Acceptable) <b>798 Timberwoods Cir. E.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32304</b>		
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.					
SIGNATURE <u>W. Tyler Patterson</u> <u>W. Tyler Patterson</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSS, DANIEL S 2207 ESCAMBIA DR TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W. Tyler Patterson 798 Timberwoods Cir. E Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COKER, CHRISTOPHER L 2207 ESCAMBIA DR TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V George Fussell 1301 Bonnie Drive Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, ERIC A0305 OGELSBY UNION TALLAHASSEE, FL 32306	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Chris Bredehoeft 803 Timbers Ct. Tallahassee FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sergeant at Arms Keagan Aicks 2207 Escambia Dr. Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/Founder/Godfather Daniel S. Foss 1301 Bonnie Dr. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Event Coordinator Hugh Williams 798 Timberwoods Cir Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>W. Tyler Patterson</u> <u>W. Tyler Patterson</u> <u>4/28/05</u> (904) 219-1611 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					