2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
04-04-2005 90084 041 ****61.25

DOCUMENT # N04000003259

1. Entity Name
OLD SALT FISHING FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O FOLEY & LARDNER LLP 100 NORTH TAMPA STREET SUITE 2700 TAMPA, FL 33602	PO BOX 8564 MADEIRA BEACH, FL 33738

66014812

03292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0961806 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKHAM, RAY CAPT. PO BOX 297 TERRA CEIA, FL 34250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Phil Whitehouse JR 3229-56th Way N St. Petersburg, FL 33710	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VERDENSKY, THOMAS, 8034 BAYHEAVEN DRIVE SEMINOLE, FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, Director Jill Foraker 8034 Bayhaven Dr Seminole, FL 33776	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAGGS, ROBERT F 4725 COVE CIR APT 210 MADEIRA BEACH, FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert Aylesworth PO Box 13546 St. Petersburg, FL 33733	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISELEY, DEA 10208 TARPON DRIVE TRESURE ISLAND, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AMY VERDENSKY 8034 BAYHAVEN DR SEMINOLE, FL 33776	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, RICHARD 8396 MEADOWBROOK DRIVE LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LARRY FARTHING 7990-55th Way N Pinellas Park, FL 33781	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer RICE, PHIL STUART 5661-32ND TERR N ST PETERSBURG, FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4-1-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #