2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

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Entity Name: OLD SALT FISHING FOUNDATION, INC.

Current Principal Place of Business:

C/O FOLEY & LARDNER LLP
100 NORTH TAMPA STREET SUITE 2700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 8564
MADEIRA BEACH, FL 33738

New Mailing Address:

FEI Number: 20-0961806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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:	D	( ) Delete
Name:	MARKHAM, RAY CAPT.	
Address:	PO BOX 297	
City-St-Zip:	TERRA CEIA, FL 34250	
Title:	DP	( ) Delete
Name:	VERDENSKY, THOMAS	
Address:	8034 BAYHAVEN DRIVE	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	VD	( ) Delete
Name:	WHITEHOUSE, PHIL	
Address:	3229 56TH WAY N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	D	( ) Delete
Name:	WISELEY, DEA	
Address:	10208 TARPON DRIVE	
City-St-Zip:	TRESURE ISLAND, FL 33706	
Title:	D	( ) Delete
Name:	HILL, RICHARD	
Address:	8396 MEADOWBROOK DRIVE	
City-St-Zip:	LARGO, FL 33777	
Title:	TD	( ) Delete
Name:	RICE, PHIL S	
Address:	5661-32ND TERR N	
City-St-Zip:	ST PETERSBURG, FL 33710	

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:	D	(X) Change ( ) Addition
Name:	AYLESWORTH, ROBERT M	
Address:	PO BOX 13045	
City-St-Zip:	ST. PETERSBURG, FL 33733	
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 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: THOMAS VERDENSKY DP 04/23/2007

Electronic Signature of Signing Officer or Director — Date