## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003259

Entity Name: OLD SALT FISHING FOUNDATION, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
7600 131S	GRAPHICS T STREET E, FL 33776				
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 85 MADEIRA	564 BEACH, FL 3	3738			
FEI Number:	20-0961806	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUITE 130 JACKSON	PENDENT DF 0 VILLE, FL 322	202 US	irpose of changing i	ts registered office or registered agent, or both,	
in the State	of Florida.	·			
SIGNATURE:					
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( MARKHAM, RA PO BOX 297 TERRA CEIA, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ( VERDENSKY, 8034 BAYHAVE SEMINOLE, FL	EN DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WHITEHOUSE 3229 56TH WA		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition MALZ, JAMES 10993 54TH AVENUE NORTH SAINT PETERSBURG, FL 33708	
Title: Name: Address: City-St-Zip:	AYLESWORTH PO BOX 13045	•	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition FORAKER, JILL 8034 BAYHAVEN DRIVE SEMINOLE, FL 33776	
Title: Name: Address: City-St-Zip:	HILL, RICHARI	BROOK DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition REED, DAVE 541 LILLIAN DRIVE MADEIRA BEACH, FL 33708	
Title: Name: Address: City-St-Zip:	TD ( RICE, PHIL S 5661-32ND TE ST PETERSBU		Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition SORENSEN, LIZ 1900 45TH STREET NORTH ST. PETERSBURG, FL 33713	

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: THOMAS VERDENSKY PRES 04/22/2009