

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005433

FILED  
Sep 25, 2009  
Secretary of State

**Entity Name:** GULF FISHERMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1336 BAYVIEW DRIVE  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1336 BAYVIEW DRIVE  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 55-0869235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRUITT, DEAN  
1336 BAYVIEW DR.  
CLEARWATER, FL 33756 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: PT/D ( ) Delete  
Name: BROOKS, GLEN  
Address: 4082 BROOKSGANG  
City-St-Zip: LECANTO, FL 34461 US

Title: VP/D ( ) Delete  
Name: NAHON, MARK  
Address: 6837 37TH AV. N.  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D ( ) Delete  
Name: WARD, WILLIAM  
Address: 10751 GROVE TERRACE  
City-St-Zip: SEMINOLE, FL 33772 US

Title: S/D ( ) Delete  
Name: PRUITT, DEAN  
Address: 1336 BAYVIEW DR.  
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete  
Name: BAKER, RANDY  
Address: 10751 GROVE TERRACE  
City-St-Zip: SEMINOLE, FL 33772 US

**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: ( ) 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: GLEN BROOKS

PRES

09/25/2009

Electronic Signature of Signing Officer or Director

Date