


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90030 037 ****61.25

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DOCUMENT # N04000011037					
1. Entity Name FLORIDA EDUCATION FISHING FOUNDATION, INC.					
Principal Place of Business 1010 S OCEAN BLVD SUITE 810 POMPANO BEACH, FL 33062		Mailing Address 1010 S OCEAN BLVD SUITE 810 POMPANO BEACH, FL 33062			
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 20-2173611	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARRICK, EVELYN J 1010 S OCEAN BLVD SUITE 810 POMPANO BEACH, FL 33062				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARRICK, GREG	NAME			
STREET ADDRESS	8204 NW 42ND STREET	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP			
TITLE	1VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTOR, ROBERT	NAME			
STREET ADDRESS	1321 SW 14TH STREET	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARRICK, EVELYNE J	NAME			
STREET ADDRESS	1010 S OCEAN BLVD SUITE 810	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSELLE, ROBIN	NAME			
STREET ADDRESS	100 NW 70TH AVE SUITE 200	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, ERNEST J JR	NAME			
STREET ADDRESS	777 S FEDERAL HWY SUITE H101	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Evelyn J. Warrick</i>		Date: <i>8-19-05</i>		Daytime Phone #: <i>954-729 3116</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Evelyn J. WARRICK					