2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N05000009030

Entity Name: FISHERMEN'S ADVOCACY ORGANIZATION, INC.

Current Principal Place of Business:

835 VIRGINIA ST.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

835 VIRGINIA ST.
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-3411656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, WILLIAM
835 VIRGINIA ST.
DUNEDIN, FL 34698 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: DPT ( ) Delete
Name: TUCKER, WILLIAM
Address: 835 VIRGINIA ST.
City-St-Zip: DUNEDIN, FL 34698

Title: DV ( ) Delete
Name: MAISEL, STEVE
Address: 1491 19TH STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: MARVEL, THOMAS
Address: 2734 12TH STREET NORTH
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: WEST, HAROLD
Address: 1721 HICKORY GATE DR S
City-St-Zip: DUNEDIN, FL 34693

Title: D ( ) Delete
Name: LOUGHRIDGE, PAUL
Address: 10449 DAWNFLOWER PT N
City-St-Zip: CRYSTAL RIVER, FL 34428

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: WILLIAM TUCKER DPT 01/20/2009

Electronic Signature of Signing Officer or Director — Date