## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003262

FILED Apr 29, 2007 Secretary of State

Entity Name: SOUTHERN ANGLERS IN LAUDERDALE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11630 SHERIDAN STREET PEMBROKE PINES, FL 33026 **Current Mailing Address: New Mailing Address:** 1779 NE 23 TERR 11630 SHERIDAN STREET JENSEN BEACH, FL 349575146 US PEMBROKE PINES, FL 33026 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, KEITH S GLOECKNER, SUSAN N T 11630 SHERIDAN STREET 1779 NE 23 TÉRR PEMBROKE PINES, FL 33026 US JENSEN BEACH, FL 349575146 US 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: SUSAN N GLOECKNER 04/29/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BLANCO, ALICIA Name: Name: **5462 SW 2 STREET** Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SALVADOR, TONY Name: Address: 2351 SW 26 STREET Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition GLOECKNER, SUSAN N Name: Name: Address: 1779 NE 23 TERRACE Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: CARL, STEVE Name: Address: 2701 NE 10 TERRACE Address: City-St-Zip: POMPANO BEACH, FL 33064 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: SUSAN N GLOECKNER T 04/29/2007