

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 021 ****70.00

DOCUMENT # N06000010676

1. Entity Name
REEF FISH RESTORATION ASSOCIATION INC.



Principal Place of Business
**500 WEST SUNSET AVE.
PENSACOLA, FL 32507**
*CHANGE TO:
1007 PINE STREET
PENSACOLA, FL 32501*

Mailing Address
**REEF FISH RESTORATION ASSOCIATION INC.
P.O BOX 466
PENSACOLA, FL 32591**

40122430



2. Principal Place of Business - No P.O. Box #
1007 PINE STREET

3. Mailing Address
SAME AS ABOVE

06252007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
NA

Suite, Apt. #, etc.
NA

4. FEI Number
20-5760548

Applied For
☐ Not Applicable

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REDMAN, PAUL A JR
500 WEST SUNSET AVE.
PENSACOLA, FL 32507, US**

7. Name and Address of New Registered Agent
Name **NA**
Street Address (P.O. Box Number is Not Acceptable)
NA
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 *Paul A. Redman, Jr.* **PAUL A. REDMAN, JR. PRES. JUNE 26, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDMAN, PAUL A JR 500 WEST SUNSET AVE. PENSACOLA, FL 32507 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADZIK, KARON 700 COLLEGE BLVD. APT# F202 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES RADER, EARLE M JR 3640 WIMBLEDON PENSACOLA, FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RIVERS, JOHN D 8038 NORTH POINTE BLVD PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MATT CLARK 9675 PICKWOOD DRIVE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MIKE LANGLEY 2445 GULF BREEZE AVE. PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR OF EDUCATION STEVEN CONGS 7576 BOWERS DRIVE MILTON, FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIRMAN GARY SPHALER 4091 SCHIFKO ROAD CANTONMENT, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul A. Redman, Jr.* **PAUL A. REDMAN, JR. 6/26/07 (850) 455-6465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #