

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012443

FILED
May 01, 2009
Secretary of State

Entity Name: ANGLER CONSERVATION EDUCATION, INC.

Current Principal Place of Business:

1640 MASON AVENUE
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

1640 MASON AVENUE
UNIT 180
DAYTONA BEACH, FL 32117 US

Current Mailing Address:

PO BOX 11109
DAYTONA BEACH, FL 32120 US

New Mailing Address:

PO BOX 730248
ORMOND BEACH, FL 32173 US

FEI Number: 20-8304908 **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:

Name and Address of New Registered Agent:

CROTTY, KATHLEEN
1825 BUSINESS PARK BLVD.
SUITE A
DAYTONA BEACH, FL 32114 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICK, L. SHAWN
Address: P.O. BOX 730248
City-St-Zip: ORMOND BEACH, FL 32173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: LOEBEL, TOMAS
Address: 864 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: RAABE, KRISTIN E
Address: P.O. BOX 730248
City-St-Zip: ORMOND BEACH, FL 32173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DICK, JESS H
Address: P.O. BOX 730248
City-St-Zip: ORMOND BEACH, FL 32173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: OTTE, GREGORY
Address: P.O. BOX 730248
City-St-Zip: ORMOND BEACH, FL 32173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: PANAGGIO, MICHAEL
Address: P.O. BOX 730248
City-St-Zip: ORMOND BEACH, FL 32173

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: L SHAWN DICK

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date