2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06149

FILED May 01, 2009 Secretary of State

Entity Name: SOUTH FLORIDA FISHING CLASSIC, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
	3TH AVENUE D BEACH, FL 33441 US	
Current Mailing Address:		New Mailing Address:
PO BOX 50025 LIGHTHOUSE POINT, FL 33074 US		1300 SE 13TH AVENUE DEERFIELD BEACH, FL 33441 US
In accordanc	59-2480686 FEI Number Applied For () FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receiv Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired () re the prior notice. Name and Address of New Registered Agent:
	OHN 3TH AVENUE .D BEACH, FL 33441 US	
	named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	S () Delete WALDO, TOM 2402 BAY DRIVE POMPANO BEACH, FL 3062	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete DANA, GEORGE M 2705 N RIVERSIDE DRIVE POMPANO BEACH, FL 33062	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete MCCARVER, ROBERT I 2480 NE 23RD STREET POMPANO BEACH, FL 33062	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CORRELL, GARY PO BOX 699030 MIAMI, FL 33269	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete GILLESPIE, JOHN R JR 2360 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete RHOADS, RICHARD 3776 SW SAVOY DRIVE PALM CITY, FL 34990	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: JOHN C. GOOD RA 05/01/2009