

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000476

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: SAILFISH EMPLOYEE AID FUND, INC.

**Current Principal Place of Business:**

7018 SE HARBOR CIR  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

7018 SE HARBOR CIR  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 20-8251233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NORMAN, KENNETH A  
2400 SE FEDERAL HWY FOURTH FL  
STUART, FL 34994 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: D ( ) Delete  
Name: SCHIAVONE, MICHAEL  
Address: 7018 SE HARBOR CIR  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: MCINERNEY, ANN  
Address: 2001 SAILFISH PT BLVD #104  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: KELLY, MARILYN  
Address: 6641 SE HARBOR CIR  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: KNAPP, JULES  
Address: 2948 SE SOUTHWEST DR  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: EMERSON, GARY  
Address: 6930 SE LAKEVIEW TERR  
City-St-Zip: STUART, FL 34996

**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: MARILYN KELLY

D

03/11/2008

Electronic Signature of Signing Officer or Director

Date