

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005559

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ANGLERS FOR CONSERVATION, INC.

**Current Principal Place of Business:**

1290 HIGHWAY A1A  
SUITE 103  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

200 WEST FORSYTH STREET  
SUITE 400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

POST OFFICE BOX 373257  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

200 WEST FORSYTH STREET  
SUITE 400  
JACKSONVILLE, FL 32202

**FEI Number:** 51-0627559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, KAREN I  
1290 HIGHWAY A1A  
SUITE 103  
SATELLITE BEACH, FL 32937 US

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

DUCKRO, JOHN E  
200 WEST FORSYTH STREET  
SUITE 400  
JACKSONVILLE, FL 32202 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: JOHN E.DUCKRO

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLIER, MARK  
Address: 200 WEST FORSYTH STREET 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP  
Name: STACY, NEEL  
Address: 200 WEST FORSYTH STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ST  
Name: FONG, ARNOLD  
Address: 200 WEST FORSYTH STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: MARK COLLIER

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date