

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011042

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: BASS FISHING KIDS, INC.

**Current Principal Place of Business:**

4110 NW 113 TERRACE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

4110 NW 113 TERRACE  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 94-3442622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAINGROW, GARY  
4110 NW 113 TERRACE  
SUNRISE, FL 33323 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: WAINGROW, GARY  
Address: 4110 NW 113 TERRACE  
City-St-Zip: SUNRISE, FL 33323

Title: SECR ( ) Change (X) Addition  
Name: NEWLAND, BOB  
Address: 9342 NW 52ND COURT  
City-St-Zip: SUNRISE, FL 33321

Title: TREA ( ) Change (X) Addition  
Name: NEKOLNY, MIKE  
Address: 3871 NW 108 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DOE ( ) Change (X) Addition  
Name: SURMAN, MIKE  
Address: 22297 VISTA LAGO DRIVE  
City-St-Zip: BOCA RATON, FL 33428

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: MICHAEL NEKOLNY

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date