

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90254 044 ****61.25

DOCUMENT # N11274

1. Entity Name

BASS ANGLERS SOCIETY OF SARASOTA, INC.



Principal Place of Business

**POST OFFICE BOX 21171
SARASOTA FL 34276**

Mailing Address

**C/O BETTY GAINES
101 JACOBS LN.
SARASOTA FL 34240**

54035857



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2656875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKENS, DAVID C
4980 GEORGE AVE
SARASOTA FL 34233**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAZEMORE, DAN	
STREET ADDRESS	6055 COUNTY ROAD 675	
CITY - ST - ZIP	MYAKKA CITY FL 34251	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BASEMORE, MICHELLE	
STREET ADDRESS	6055 COUNTY RD 675	
CITY - ST - ZIP	MYAKKA CITY FL 34251	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAINES, BETTY	
STREET ADDRESS	101 JACOBS LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOEL, BRUCE	
STREET ADDRESS	5467 VANDERIPE RD	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMILEY, STEVE	
STREET ADDRESS	3530 24TH PARKWAY	
CITY - ST - ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Plyter	
STREET ADDRESS	2721 HERWALD ST	
CITY - ST - ZIP	SARASOTA FL 34239	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Columbus	
STREET ADDRESS	7505 VERDA BETHANY RD	
CITY - ST - ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04

941 371 2637