

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11274

FILED
Aug 06, 2007
Secretary of State

Entity Name: BASS ANGLERS SOCIETY OF SARASOTA, INC.

Current Principal Place of Business:

POST OFFICE BOX 21171
SARASOTA, FL 34276

New Principal Place of Business:

101 JACOBS LN.
SARASOTA, FL 34240

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2656875 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAIG, CODY
4514 SABAL KEY DR
BRADENTON, FL 34203 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: PD () Delete
Name: JACKSON, BILL
Address: 2053 KINGSDOWN DR
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: CRAIG, CODY
Address: 4514 SABAL KEY DR
City-St-Zip: BRADENTON, FL 34203

Title: T () Delete
Name: STOOTHOFF, RHONDA
Address: 5601 ANTOINETTE ST
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: GAINES, ERIC
Address: 101 JACOBS LN.
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: CRAIG, CODY
Address: 4514 SABAL KEY DR
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: SMELTZER, MIKE
Address: 6716 66TH AVE EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAINES, GARY
Address: 101 JACOBS LANE
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAY, BRAD
Address: 1002 COLEMAN AVE
City-St-Zip: SARASOTA, FL 34232

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: CODY CRAIG

SD

08/06/2007

Electronic Signature of Signing Officer or Director

Date