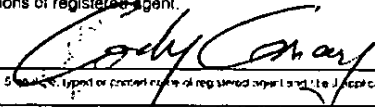
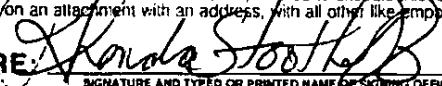


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Sep 08, 2008 8:00 am  
Secretary of State

07-21-2008 90026 017 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                         |                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # N11274<br>1. Entity Name<br><b>BASS ANGLERS SOCIETY OF SARASOTA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                        |                                                                                                                                                       |
| Principal Place of Business<br>101 JACOBS LN.<br>SARASOTA FL 34240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | Mailing Address<br>C/O BETTY GAINES<br>101 JACOBS LN.<br>SARASOTA FL 34240                                                              |                                                                                                                                                       |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 3. Mailing Address                                                                                                                      |                                                                                                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | City & State                                                                                                                            |                                                                                                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                     | Zip                                                                                                                                     | Country                                                                                                                                               |
| 4. FEI Number<br><b>59-2656875</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                                                                                                                         |                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>CRAIG, CODY<br/>4514 SABAL KEY DR<br/>BRADENTON FL 34203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             | DATE <b>7-15-08</b>                                                                                                                     |                                                                                                                                                       |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             | Make Check Payable to<br>Florida Department of State                                                                                    |                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>GAINES, GARY<br>101 JACOBS LANE<br>SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | Pres<br>Brian DeGroot<br>2240 Seaboard Ave<br>Vero Beach FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD<br>CRAIG, CODY<br>4514 SABAL KEY DR<br>BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | William D Jackson Jr<br>2053 Kingsdown Dr<br>Sarasota FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T<br>STOOTHOFF, RHONDA<br>5601 ANTOINETTE ST<br>SARASOTA FL 34232 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | Treasurer<br>Rhonda Stoothoff<br>5601 Antoinette St<br>Sarasota FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>DAY, BRAD<br>1002 COLEMAN AVE<br>SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | SD<br>CRAIG, CODY<br>4514 SABAL KEY DR<br>BRADENTON FL 34203 <input type="checkbox"/> Delete                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP<br>SMELTZER, MIKE<br>6716 66TH AVE EAST<br>BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | Vice Pres<br>Jeff Gueli<br>7263 Magnolia Ln<br>Sarasota FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             | DATE <b>Mar 25, 08</b> DAYTIME PHONE # <b>650-4181</b>                                                                                  |                                                                                                                                                       |