

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11274

FILED
Mar 24, 2009
Secretary of State

Entity Name: BASS ANGLERS SOCIETY OF SARASOTA, INC.

Current Principal Place of Business:

101 JACOBS LN.
SARASOTA, FL 34240

New Principal Place of Business:

7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

Current Mailing Address:

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

New Mailing Address:

7505 VERNA BETHANY RD
MYAKKA CITY, FL 34251

FEI Number: 59-2656875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DESORICER, BRIAN
Address: 2240 SEABOARD AVE
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: JACKSON, WILLIAM V JR
Address: 2053 KINGSMAN DR
City-St-Zip: SARASOTA, FL 34240

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

Title: TD (X) Delete
Name: STOOHOFF, ED
Address: 5601 ANTONETTE ST
City-St-Zip: SARASOTA, FL 34232

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

Title: VP (X) Delete
Name: GUELI, JEFF
Address: 7263 MAUNA LOG BLVD
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'KEEFE, MIKE
Address: 3203 ELMER ST
City-St-Zip: SARASOTA, FL 34231

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

Title: T (X) Change () Addition
Name: COLUMBUS, JEFF
Address: 7505 VERNA BETHANY RD
City-St-Zip: MYAKKA CITY, FL 34251

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

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date