2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13948

1. Entity Name
GOLDEN TRIANGLE SPORT FISHING CLUB, INC.

FILED
04 JAN 23 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9617 OKLAWAHA AVE. TAMPA, FL 33617 US	9617 OKLAWAHA AVE. TAMPA, FL 33617 US

01192004 No Chg-NP CR2E037 (10/03) 04

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4. FEI Number
59-2798247
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRITTEN, CYNTHIA D
9617 OKLAWAHA AVE.
TAMPA, FL 33617

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINMETZ, RICHARD
STREET ADDRESS	3109 SAMARA DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VPI
NAME	ATANES, SERGIO
STREET ADDRESS	9101 WOODCUTTER CT.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	ST
NAME	BRUNER, DENISE
STREET ADDRESS	6122 110TH AVE.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	TT
NAME	BRITTEN, CYNTHIA
STREET ADDRESS	9617 OKLAWAHA AVE.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300027524233
01/23/04--01060--003 **61.25

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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: C.D. Britten 01-19-04 813.985.6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #