


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90105 014 \*\*\*\*70.00

<b>DOCUMENT # N13948</b> 1. Entity Name GOLDEN TRIANGLE SPORT FISHING CLUB, INC.	
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Principal Place of Business 9617 OKLAWAHA AVE. TAMPA, FL 33617 US	Mailing Address 9617 OKLAWAHA AVE. TAMPA, FL 33617 US
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50050538



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2798247	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BRITTEN, CYNTHIA D 9617 OKLAWAHA AVE. TAMPA, FL 33617
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**DO NOT WRITE  
IN THIS SPACE**

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 <i>Cynthia D. Britten</i>	<i>C. D. Britten</i>	<i>5/4/05</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINMETZ, RICHARD 3109 SAMARA DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <del>ATANES, SERGIO</del> <i>Dickins, Bruce</i> <del>9101 WOODBUTTER ST.</del> <i>7111 Lawnview Ct.</i> <del>TAMPA, FL 33647</del> <i>Tampa, FL. 33615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNER, DENISE 6122 110TH AVE. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BRITTEN, CYNTHIA 9617 OKLAWAHA AVE. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Cynthia D. Britten</i>	<i>C.D. Britten</i>	<i>5/1/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small> <i>813 985-6155</i>