2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N13948

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

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

04062006 No Chg-NP CR2E037 (11/05)

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

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 C.D. Britten 04-06-06
Signature, typed or printed name of registered agent and title if applicable | Date

Filing Fee is $61.25
Due by May 1, 2006

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	VDT
NAME	DICKINS, BRUCE
STREET ADDRESS	7111 LAWNVIEW COURT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	ST
STREET ADDRESS	6122 110TH AVE.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	TT
NAME	BRITTEN, CYNTHIA
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80046-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cynthia Britten TT 4-6-06 813-985-6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #