

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N13948

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



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

Mailing Address
**9617 OKLAWAHA AVE.
TAMPA, FL 33617 US**



01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000657952
03/15/07-80018-010 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEINMETZ, RICHARD
STREET ADDRESS 3109 SAMARA DR.
CITY-ST-ZIP TAMPA, FL 33618

TITLE VPT
NAME DICKINS, BRUCE
STREET ADDRESS 7111 LAWNVIEW COURT
CITY-ST-ZIP TAMPA, FL 33615

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

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IN THIS SPACE**

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:

Richard A. Steinmetz - **RICHARD A. STEINMETZ**

1-31-07

813-935-3293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #