

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90301 009 \*\*\*\*\*61.25

**DOCUMENT # N25452**

1. Entity Name

BOCA GRANDE FISHING GUIDES ASSOCIATION, INC.



Principal Place of Business

411 PARK AVE.  
BOCA GRANDE FL 33921

Mailing Address

PO BOX 1245  
BOCA GRANDE FL 33921

2. Principal Place of Business

190 FIRST ST.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 676  
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

BOCA GRANDE, FL.  
33921 LEE

City & State

BOCA GRANDE, FL.  
33921 LEE

FEI Number

65-0031804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, KEVIN  
2215 STOUT ST.  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name JON ZORIAN  
Street Address (P.O. Box Number is Not Acceptable) 4027 VALRICO GROVE DR.  
City VALRICO FL 33594

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

4-26-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOINER, CAPPY	
STREET ADDRESS	4660 ARLINGTON DR.	
CITY - ST - ZIP	PLACIDA FL 33946	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZORIAN, JON	
STREET ADDRESS	PO BOX 93	
CITY - ST - ZIP	VALRICO FL 33595	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDDY, FUTCH	
STREET ADDRESS	9606 SALT LAKE ST.	
CITY - ST - ZIP	PORT CHARLOTTE FL 33981	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, ERIC	
STREET ADDRESS	LEE STREET	
CITY - ST - ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHLERS, STEVE	
STREET ADDRESS	210 SPAINARD RD	
CITY - ST - ZIP	CAPE HAZE FL 33946	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLEMAN, MATT	
STREET ADDRESS	PO BOX 323	
CITY - ST - ZIP	BOCA GRANDE FL 33921	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	MARK FLUTCH
CITY - ST - ZIP	375 PARK AVE. BOCA GRANDE, FL. 33921
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 813-681-8908

Date

Daytime Phone #