

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 046 ****61.25

DOCUMENT # N25452 1. Entity Name BOCA GRANDE FISHING GUIDES ASSOCIATION, INC.																																																																													
Principal Place of Business 190 FIRST ST BOCA GRANDE, FL 33921			Mailing Address PO BOX 676 BOCA GRANDE, FL 33921																																																																										
2. Principal Place of Business		3. Mailing Address																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																											
City & State		City & State																																																																											
Zip	Country	Zip	Country	4. FEI Number 65-0031804																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																									
6. Name and Address of Current Registered Agent ZORIAN, JON 4027 VALRICO GROVE DR VALRICO, FL 33594			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P JOINER, CAPPY <input type="checkbox"/> Delete</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">4860 ARLINGTON DR.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLACIDA, FL 33946</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V ZORIAN, JON <input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>PO BOX 93</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33595</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D FREDDY, FUTCH <input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>9606 SALT LAKE ST.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33981</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D KNIGHT, ERIC <input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>LEE STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA GRANDE, FL 33921</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D FUTCH, MARK <input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>375 PARK AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA GRANDE, FL 33921</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST COLEMAN, MATT <input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>PO BOX 323</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA GRANDE, FL 33921</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DIRECTOR: RAYMOND <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 20%;">P.O. Box 323</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA GRANDE, FLA. 33921</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR WILLIAM MILLS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td>14339 MONTEMARTE AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FLA. 33981</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P JOINER, CAPPY <input type="checkbox"/> Delete	STREET ADDRESS	4860 ARLINGTON DR.	CITY-ST-ZIP	PLACIDA, FL 33946			TITLE	V ZORIAN, JON <input type="checkbox"/> Delete	STREET ADDRESS	PO BOX 93	CITY-ST-ZIP	VALRICO, FL 33595			TITLE	D FREDDY, FUTCH <input checked="" type="checkbox"/> Delete	STREET ADDRESS	9606 SALT LAKE ST.	CITY-ST-ZIP	PORT CHARLOTTE, FL 33981			TITLE	D KNIGHT, ERIC <input checked="" type="checkbox"/> Delete	STREET ADDRESS	LEE STREET	CITY-ST-ZIP	BOCA GRANDE, FL 33921			TITLE	D FUTCH, MARK <input type="checkbox"/> Delete	STREET ADDRESS	375 PARK AVE	CITY-ST-ZIP	BOCA GRANDE, FL 33921			TITLE	ST COLEMAN, MATT <input type="checkbox"/> Delete	STREET ADDRESS	PO BOX 323	CITY-ST-ZIP	BOCA GRANDE, FL 33921			TITLE	DIRECTOR: RAYMOND <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	P.O. Box 323	CITY-ST-ZIP	BOCA GRANDE, FLA. 33921			TITLE	DIRECTOR WILLIAM MILLS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	14339 MONTEMARTE AVE	CITY-ST-ZIP	PORT CHARLOTTE, FLA. 33981			TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP			
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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 life empowered.																																																																													
SIGNATURE: _____ 813-1-7-05 681-8908																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																													