2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N25452

Entity Name: BOCA GRANDE FISHING GUIDES ASSOCIATION, INC.

Current Principal Place of Business:

190 FIRST ST
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

PO BOX 676
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0031804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZORIAN, JON
4027 VALRICO GROVE DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOINER, CAPPY
Address: 4660 ARLINGTON DR.
City-St-Zip: PLACIDA, FL 33946

Title: V (X) Delete
Name: ZORIAN, JON
Address: PO BOX 93
City-St-Zip: VALRICO, FL 33595

Title: D ( ) Delete
Name: MILL, WAYLON
Address: 8860 CALLMET BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D ( ) Delete
Name: MILLS, WILLIAM
Address: 14339 MONTEMARTE AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S ( ) Delete
Name: FUTCH, MARK
Address: 375 PARK AVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete
Name: JOINER, WAYNE
Address: 190 FIRST ST EAST
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MILLS, WAYLON
Address: 8860 CALLMET BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAPPY JOINER P 03/25/2009

Electronic Signature of Signing Officer or Director — Date