

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25452

FILED  
Apr 11, 2011  
Secretary of State

**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  
Name: JOINER, CAPPY  
Address: 4660 ARLINGTON DR.  
City-St-Zip: PLACIDA, FL 33946

Title: V  
Name: MILLS, WAYLON  
Address: 8860 CALUMET BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33981

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

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

Title: D  
Name: COLEMAN, CHARLES  
Address: 190 FIRST ST EAST  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D  
Name: HUBBARD, VAN  
Address: 6706 RAYMOND STREET  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby 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 all other like empowered.

SIGNATURE: JON PAUL ZORIAN

D

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date