## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34909

City-St-Zip:

HOUSTON TX 77098

FILED Apr 28, 2009 Secretary of State

Entity Name: THE INTERNATIONAL GAME FISH ASSOCIATION ENDOWMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 300 GULF STREAM WAY DANIA, FL 33004 **Current Mailing Address: New Mailing Address:** 300 GULF STREAM WAY DANIA, FL 33004 US FEI Number: 65-0175847 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COLBURN, HARRY S., JR. SHEVLIN, BARRY 125 WORTH AVE 1111 KANE CONCOURSE STE 202 STE 605 PALM BCH, FL 33480 US BAY HARBOR ISLANDS, FL 331542044 US 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: BARRY SHEVLIN 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KRAMER, ROBERT Name: Name: 1441 PLUNKETT STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RICH JR, ROBERT E. Name: Address: 1150 NIAGARA STREET Address: City-St-Zip: BUFFALO, NY 14240 City-St-Zip: Title: () Delete Title: () Change () Addition MATTHEWS, GEORGE G. Name: Name: Address: 417 CHILIAN AVE Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: ( ) Delete Title: ST (X) Change ( ) Addition CHRISTIANSEN, RALPH G JR Name: Name: FARRIOR, MICHAEL L AVE PONCE DE LEON 701 STE 303 Address: Address: PO BOX 2692 City-St-Zip: SAN JUAN, PR 00907 City-St-Zip: RANCHO SANTA FE, CA 92067 Title: () Delete Title: (X) Change ( ) Addition BASCO, PAMELA OFFIELD, PAXSON H Name: Name: PO BOX 1522 2929 BUFFALO SPEEDWAY STE 1510 Address: Address:

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.

City-St-Zip:

AVALON, CA 90704

SIGNATURE: ROBERT KRAMER PD 04/28/2009