2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N39684

Entity Name: GREATER MIAMI BILLFISH TOURNAMENT, INC.

Current Principal Place of Business:

205 E ENID DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

205 E ENID DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0208811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERNON, JOAN M
205 E ENID DR
KEY BISCAYNE, FL 33149 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: MR ( ) Delete
Name: GARY PAPPAS,
Address: 100 SE 2ND ST.
City-St-Zip: MIAMI, FL

Title: MS ( ) Delete
Name: VERNON, JOAN M
Address: 205 E ENID DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MR ( ) Delete
Name: MCGINLEY, JERRY JR
Address: P.O. BOX 141668 N/A
City-St-Zip: CORAL GABLES, FL 33114

Title: MR ( ) Delete
Name: GUTHRIE, TERRY
Address: 14900 ARCHERHALL ST.
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR (X) Change ( ) Addition
Name: SCOTT, BAXTER
Address: 14301 NE 19 AVE
City-St-Zip: NO MIAMI, FL 33181

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: JOAN M VERNON MS 01/07/2008

Electronic Signature of Signing Officer or Director — Date