

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39684

FILED  
Feb 17, 2009  
Secretary of State

**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: MR ( ) Delete  
Name: SCOTT, BAXTER  
Address: 14301 NE 19 AVE  
City-St-Zip: NO MIAMI, FL 33181

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: ( ) 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: JOAN M. VERNON

D

02/17/2009

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

\_\_\_\_\_  
Date