2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N40158 1. Entity Name 04-19-2004 90262 003 ****61.25 "INDIAN RIVER" SPORT FISHING CLUB, INC. Mailing Address Principal Place of Business P O BOX 1144 P O BOX 1144 **EDGEWATER FL 32132 EDGEWATER FL 32132** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3034589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCULLOUGH, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 1811 TRAVELERS PALM DR **EDGEWATER FL 32132** Zip Code City 8. 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. I am familiar with, and accept BICHARD L. Mª Collough 4/13/04 SIGNATURE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE MCCULLOUGH, RICHARD L NAME NAME 1811 TRAUEZERS. PALM DR 1811 TRAVELERS PALM DR STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** FD&cwAter, FLA 32132 CITY-ST-ZIP CITY-ST-ZIP מז ☐ Addition TITLE ☐ Delete TITLE MEHALKO, TRACY NAME NAME 515 JUNIPER 1515 Juni Pé STREET ADDRESS STREET ADDRESS EDGEWATER FL 32132 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE ☐ Addition MANNING, ERIC NAME NAME 2631 TAMURIND DRIVE STREET ADDRESS STREET ADDRESS EDGEWATER FL 32132 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE carter thomas CLAIN, LISA NAME NAME 3004 VictoryPALM PR 1828 LIME TREE DRIVE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change | NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP Delete TITLE ☐ Change Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

Lichard & M Eullowy C Richard L. McCollough 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

STREET ADDRESS CITY-ST-ZIP

FILED