

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N41823

1. Entity Name
**FLORIDA COUNCIL OF THE FEDERATION OF FLY
FISHERS, INC.**



Principal Place of Business

**2416 PARSON LN.
SARASOTA, FL 34239 US**

Mailing Address

**2416 PARSON LN.
SARASOTA, FL 34239 US**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1300285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENAN, PETER T
2416 PARSON LN.
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENAN, PETER T 2416 PARSON LN. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAENNICKE, GEORGE 50 NW 128TH AVE. PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUNN, WILLIAM 101 MARION ST. INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JOANNA 219 FOUTH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROGER 219 4TH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, JAMES 3360 SW ST. LUCIE SHORES DR. PALM CITY, FL 34909

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01/11/08-80023-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE _____

George O. Haennicke