

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 001 ****61.25

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| DOCUMENT # N43355 | | | | | | |
| 1. Entity Name FLORIDA INSTITUTE FOR SALTWATER HERITAGE, INC. | | | | | | |
| Principal Place of Business POST OFFICE BOX 606 CORTEZ, FL 34215 | | | Mailing Address POST OFFICE BOX 606 CORTEZ, FL 34215 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | 4. FEI Number 65-0272644 | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| BELL, KAREN L 4600 124TH STREET W CORTEZ, FL 34215 | | | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | | FL | Zip Code |
| | | | 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 _____ | | | DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOFFMAN, DEBORAH | | | NAME | | |
| STREET ADDRESS | 2897 48TH AVE DR W | | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34207 | | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARNER, ALLEN | | | NAME | | |
| STREET ADDRESS | POST OFFICE BOX 2 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORTEZ, FL 34215 | | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEVELY, MARK | | | NAME | | |
| STREET ADDRESS | 1303 17TH STREET WEST | | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALMETTO, FL 342215998 | | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BANYAS, PATRICIA | | | NAME | | |
| STREET ADDRESS | POST OFFICE BOX 274 | | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORTEZ, FL 34215 | | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORA, SHEILA | | | NAME | | |
| STREET ADDRESS | 4425 123RD STREET COURT WEST | | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORTEZ, FL 34215 | | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BELL, KAREN L | | | NAME | | |
| STREET ADDRESS | 12205 45TH AVE W | | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORTEZ, FL 34215 | | | CITY-ST-ZIP | | |
| 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: <i>Karen Bell</i> | | | Date: 4-30-06 | | Daytime Phone #: 9417941243 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # | |