


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90003 046 \*\*\*\*61.25

<b>DOCUMENT # N44264</b>	
1. Entity Name SOUTH FLORIDA SPORT FISHERMEN OF DADE COUNTY, INC.	

Principal Place of Business 12980 SW 89 AVENUE MIAMI, FL 33176 US	Mailing Address 1393 SW FIRST STREET, 200 MIAMI, FL 33135 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0308127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDONALD, DAVID M 1393 SW FIRST STREET, 200 MIAMI, FL 33135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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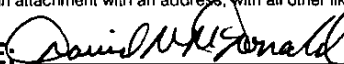
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE -- PD -- <input type="checkbox"/> Delete	NAME MILLER, BOB	TITLE D. VP	XXX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8801 SW 176TH STREET	CITY-ST-ZIP MIAMI, FL 33157	STREET ADDRESS	CITY-ST-ZIP
TITLE -- DV -- <input type="checkbox"/> Delete	NAME DEJONGE, DAVID	TITLE D	XXX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9615 SW 16TH STREET	CITY-ST-ZIP MIAMI, FL 33165	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME HURST, STEVE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21355 SW 192ND STREET	CITY-ST-ZIP MIAMI, FL 33187	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME JONES, CLEVE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7625 SW 173RD STREET	CITY-ST-ZIP MIAMI, FL 33157	STREET ADDRESS	CITY-ST-ZIP
TITLE D XXX <input checked="" type="checkbox"/> Delete	NAME PUSTAN, GEORGE	TITLE P	<input type="checkbox"/> Change XXX <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9152 SW 182ND STREET	CITY-ST-ZIP MIAMI, FL 33157	STREET ADDRESS Ed Lyons	CITY-ST-ZIP 7870 SW 182nd Street, Miami, FL 33157
TITLE DT <input type="checkbox"/> Delete	NAME MCDONALD, DAVID M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1393 SW FIRST STREET, 200	CITY-ST-ZIP MIAMI, FL 33135	STREET ADDRESS	CITY-ST-ZIP

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.

SIGNATURE  David M. McDonald, DT May 26, 05 (305) 643-5313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #