

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44264

FILED
Mar 23, 2009
Secretary of State

Entity Name: SOUTH FLORIDA SPORT FISHERMEN OF DADE COUNTY, INC.

Current Principal Place of Business:

12980 SW 89 AVENUE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 562851
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0308127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, DAVID M
1393 SW FIRST STREET, 200
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

HURST, STEVEN H
23300 SW 134 AVE
HOMESTEAD, FL 33032 US

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: STEVEN HURST

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARRENTINE, CHUCK
Address: 19502 SW 87 PL
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: KOWAL, KENNY
Address: 8480 SW 178TH ST
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: HURST, STEVE
Address: 21355 SW 192ND STREET
City-St-Zip: MIAMI, FL 33187

Title: DVP () Delete
Name: FIGUOROA, FELIX
Address: 8425 SW 178TH ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LYONS, ED
Address: 7870 SW 182ND STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: POPOLA, RICK
Address: 11390 SW 136 AVE
City-St-Zip: MIAMI, FL 33186

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
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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: STEVEN HURST

DT

03/23/2009

Electronic Signature of Signing Officer or Director

Date