

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

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90055 041 \*\*\*\*61.25

**DOCUMENT # N47070**

1. Entity Name

EVERGLADES BASS ANGLERS, INC.



Principal Place of Business

1940 NW 32 ST  
OAKLAND PAR FL 33309

Mailing Address

1940 NW 32 ST  
OAKLAND PAR FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0316052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUMMINS, B.J.  
400 SE EIGHTH ST  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD  
NAME ZIEGLER, JAY ☐ Delete  
STREET ADDRESS 1940 NW 32ND STRET  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D  
NAME ROBINSON, CHRIS ☒ Delete  
STREET ADDRESS 600 NE 7TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE SD  
NAME MCDANIEL, BOB ☐ Delete  
STREET ADDRESS 7441 SW 42 CT  
CITY-ST-ZIP DAVIE FL 33314

TITLE PD  
NAME NYDAM, JERRY ☐ Delete  
STREET ADDRESS 2371 NE SIXTH AVE  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D  
NAME NYDAM, JOHN ☐ Delete  
STREET ADDRESS 496 NW 47 CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D  
NAME ROBINSON, CHRIS ☐ Delete  
STREET ADDRESS 320 SW 21 STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JOE ARCESE  
STREET ADDRESS 1702 SW 70TH WAY  
CITY-ST-ZIP POMPANO BEACH, FL 33068

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME LYN GRIFFIN  
STREET ADDRESS 1508 NE 1ST AVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(f), 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:

*JAY F. ZIEGLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #