# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N47732**

1. Entity Name
GOLD CUP TARPON TOURNAMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 1705<br>ISLAMORADA, FL  33036    US | POST OFFICE BOX 1705<br>ISLAMORADA, FL  33036    US |

## DO NOT WRITE IN THIS SPACE

02212008  No Chg-NP          CR2E037 (4/06)

| 4. FEI Number | Applied For |
|---|---|
| 65-0423211 | Not Applicable |

5. Certificate of Status Desired  ☐   **$8.75** Additional Fee Required

### 6. Name and Address of Current Registered Agent

AMBROGIO, CHARLOTTE
80910 OVERSEAS HIGHWAY
P.O. BOX 1063
ISLAMORADA, FL  33036

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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 _____    2/28/08

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 | PD |
| NAME | CRISCOLA, MIKE |
| STREET ADDRESS | P.O. BOX 1705 |
| CITY-ST-ZIP | ISLAMORADA, FL  33036 |

| | |
|---|---|
| TITLE | TD |
| NAME | AMBROGIO, CHARLOTTE |
| STREET ADDRESS | P.O. BOX 1705 |
| CITY-ST-ZIP | ISLAMORADA, FL  33036 |

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03/18/08-80032-022 61.25

## DO NOT WRITE 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: _____   2/28/08      305 664 2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #