

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49848

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** SOUTHEASTERN FISHERIES ASSOCIATION, INC.

**Current Principal Place of Business:**

1118B THOMASVILLE RD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

1118B THOMASVILLE RD  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 59-0685087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, ROBERT P  
118B THOMAS VILLE RD  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HILL, TOM  
Address: 118B THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: JONES, ROBERT P  
Address: 118B THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: AYLESWORTH, ROBERT  
Address: 1118 B THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AYLESWORTH, ROBERT  
Address: 118B THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RAFFIELD, EUGENE  
Address: 1118 B THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

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: ROBERT P JONES

D

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date