

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000535

FILED
Mar 05, 2009
Secretary of State

Entity Name: FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, INC.

Current Principal Place of Business:

316 W CENTRAL AVE
#200
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1519
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-3157238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOZER, DAVID
316 W CENTRAL AVE #200
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

BOOZER, DAVID
316 W CENTRAL AVE
#200
WINTER HAVEN, FL 33880 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:

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRAWDY, DAVID
Address: 1507 WILLIAMS ROAD
City-St-Zip: PLANT CITY, FL

Title: DT () Delete
Name: HENNESSY, MICHAEL
Address: 7502 SYMMES ROAD
City-St-Zip: GIBSONTOWN, FL 33534

Title: D () Delete
Name: NORTON, PAUL
Address: 2415 SE 30 ST
City-St-Zip: RUSKIN, FL

Title: PD () Delete
Name: RAWLINS, ART
Address: 3402 KENT PATH CT
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: DAVID, GARRY
Address: 8956 N DEES RD
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: CARTER, JEFF
Address: 11015 SUMNER RD
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: DRAWDY, DAVID
Address: 1507 WILLIAMS ROAD
City-St-Zip: PLANT CITY, FL

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

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

Title: DP (X) Change () Addition
Name: RAWLINS, ART
Address: 3402 KENT PATH CT
City-St-Zip: LITHIA, FL 33547

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: ART RAWLINS

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date