


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 009 \*\*\*\*70.00

<b>DOCUMENT # N96000001313</b> 1. Entity Name <b>NAPLES FISHING CLUB, INC.</b>					
Principal Place of Business <b>VFW PORT 7721 800 NEFF'S WAY NAPLES, FL 34119</b>			Mailing Address <b>P.O. BOX 12161 NAPLES, FL 34101 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BLOCK, LARRY</b> <b>18 PADDINGTON COURT</b> <b>NAPLES, FL 34104</b>			<b>FRANK M. GAROFALO</b> <b>1711 PERSIMMON DR</b> <b>NAPLES, FL</b> <b>34109</b>		
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.			4. FEI Number <b>65-0698185</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, LLEW		NAME		
STREET ADDRESS	3924 JASMINE LAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODING, JOHN		NAME		
STREET ADDRESS	3255 5TH AVE. NW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAROFALO, FRANK M		NAME		
STREET ADDRESS	1711 PERSIMMON DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTANI, JOHN		NAME		
STREET ADDRESS	503 PALO VERDE DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLOCK, LARRY		NAME	<b>DP Ledbetter, Curtis</b>	
STREET ADDRESS	18 PADDINGTON CT		STREET ADDRESS	<b>6461 Sable Lane</b>	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	<b>Naples FL 34109</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, RAY		NAME		
STREET ADDRESS	6121 BUR OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
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 <b>FRANK M. GAROFALO</b>			Date <b>4/11/08</b>		