

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003828

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: THE BACKCOUNTRY FLY FISHERS CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 971  
NAPLES, FL 34106 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 971  
NAPLES, FL 34106 US

**New Mailing Address:**

FEI Number: 59-3464964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, RON  
24760 PENNYROYAL DR.  
BONITA SPRINGS, FL 34134 US

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

SHAW, TOM  
1221 SPANISH COURT  
MARCO ISLAND, FL 34145 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: TOM SHAW

03/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHAW, TOM  
Address: 1221 SPANISH CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete  
Name: SMITH, RON  
Address: 24760 PENNY ROYAL DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: MARTIN, BOB  
Address: 6609 AUTUMN WOODS BLVD.  
City-St-Zip: NAPLES, FL 34109 US

Title: D ( ) Delete  
Name: PARKER, ALAN  
Address: 741 THIRD ST. SOUTH, UNIT A  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: MAHR, BOB  
Address: 24460 WOODSAGE DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S ( ) Delete  
Name: LASSOW, EDWARD  
Address: 380 HORSE CREEK DR #404  
City-St-Zip: NAPLES, FL 34110

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

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: RON SMITH

T

03/17/2005

Electronic Signature of Signing Officer or Director

Date