

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003433

FILED
Jan 13, 2005
Secretary of State

Entity Name: FLORIDA FISHERMEN'S FEDERATION, INC.

Current Principal Place of Business:

11230 OLD KINGS RD. N.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

11230 OLD KINGS RD. N.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3483243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, ARTHUR I
401 CENTRE ST
SECOND FLOOR
FERNANDINA BEACH, FL 32034 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: DP () Delete
Name: PRINGLE, RAYMOND S JR.
Address: 11225 OLD KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: RADFORD, BILL
Address: 11351 OLD KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: DS () Delete
Name: ARNOLD, WILLIE
Address: 11351 OLD KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: DOOLEY, MIKE
Address: 5370 MARINA DR
City-St-Zip: BOKEELIA, FL 33922

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:

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: RAY PRINGLE JR.

DP

01/13/2005

Electronic Signature of Signing Officer or Director

Date