2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003433

FILED May 06, 2009 Secretary of State

Entity Name: FLORIDA FISHERMEN'S FEDERATION, INC.

Current Principal Place of Business:		New Principal	Place of Business:	
	D KINGS RD. N. IVILLE, FL 32219			
Current Mailing Address:		New Mailing A	New Mailing Address:	
	D KINGS RD. N. IVILLE, FL 32219			
	: 59-3483243 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable eceive the prior notice.	e() Certificate of Status Desired()	
Name and	l Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
961687 GA SUITE 207	ARTHUR I ATEWAY BLVD 7 DINA BEACH, FL 32034 US			
	e named entity submits this statement for the pur e of Florida.	pose of changing its req	gistered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP () Delete PRINGLE, RAYMOND S JR. 11225 OLD KINGS RD JACKSONVILLE, FL 32219	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete RADFORD, BILL 11351 OLD KINGS RD. JACKSONVILLE, FL 32219	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete ARNOLD, WILLIE 11351 OLD KINGS RD JACKSONVILLE, FL 32219	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DOOLEY, MIKE 5370 MARINA DR BOKEELIA, FL 33922	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: RAYMOND S. PRINGLE, JR. DP 05/06/2009