

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90023 026 \*\*\*\*61.25

**DOCUMENT # N98000002648**

1. Entity Name  
**THE FLORIDA FOUNDATION FOR RESPONSIBLE  
ANGLING, INCORPORATED**



Principal Place of Business  
**300 GULF STREAM WAY  
DANIA BEACH, FL 33004**

Mailing Address  
**300 GULF STREAM WAY  
DANIA BEACH, FL 33004**

2. Principal Place of Business - No P.O. Box #

**1109 N 21 AVE**

3. Mailing Address

**1109 N 21 AVE**

Suite, Apt. #, etc.

**STE 109**

Suite, Apt. #, etc.

**STE 109**

City & State

**HOLLYWOOD FL**

City & State

**HOLLYWOOD FL**

Zip

**33020**

Country

**BROWARD**

Zip

**33020**

Country

**BROWARD**

01152007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3544654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PEARSON, KAY  
1155 NE 9 AVE.  
DANIA BEACH, FL 33004**

7. Name and Address of New Registered Agent

Name **PEARSON, KAYE**

Street Address (P.O. Box Number is Not Acceptable)

**1510 SE 17th ST.**

City

**Ft. Lauderdale**

FL

Zip Code

**33316**

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.

SIGNATURE

*Kaye Pearson* **KAYE PEARSON**

**1-22-07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BROWNEE, JOHN**  
STREET ADDRESS **133 MILANO DR**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **D/P** ☐ Delete  
NAME **PUTNAM, TOM**  
STREET ADDRESS **2206 THOMAS DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **D** ☐ Delete  
NAME **TWYFORD, TOM**  
STREET ADDRESS **201 FIFTH ST**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D/V** ☐ Delete  
NAME **NICHOLS, SCOTT**  
STREET ADDRESS **509 LIGHTHOUSE DRIVE**  
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete  
NAME **BIERMAN, MARSHA**  
STREET ADDRESS **1301 NW 115TH AVENUE**  
CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **DST** ☐ Delete  
NAME **PEARSON, KAYE**  
STREET ADDRESS **1115 NE 9TH AVENUE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1510 SE 17th ST.**  
CITY-ST-ZIP **Ft. Laud. FL 33316**

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:

*Kaye Pearson* **KAYE PEARSON**

**1-22-07**

**954 325-0325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #