2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002648

FILED Mar 27, 2009 Secretary of State

Entity Name: THE FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING, INCORPORATED

Current Pr	incipal Place	of Business:	New Principal Place of Business:				
1109 N 21 / STE 109 HOLLYWO	AVE OD, FL 33020		615 N 21 AVE HOLLYWOOD, FL 33020				
Current Mailing Address:				New Mailing Address:			
1109 N 21 AVE STE 109 HOLLYWOOD, FL 33020			615 N 21 AVE HOLLYWOOD, FL 33020				
FEI Number:	59-3544654	FEI Number Applied For () FEI Nu	ımber Not App	olicable ()	Certificate of Status Desir	ed ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE 400/ FT LAUDEI	TH STREET A RDALE, FL 33		TWYFORD, TOM 201 5TH STREET WEST PALM BEACH, FL 33401 US				
The above in the State		ubmits this statement for the purpose	of changing	its registered o	ffice or registered agent	, or both,	
SIGNATUR	RE: TOM TWY				03/27/2009		
	Electroni	c Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () BROWNLEE, JC 138 MILANO DR ISLAMORADA, F		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PUTNAM, TOM 2206 THOMAS D	Delete DRIVE EACH, FL 32408	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D/V () TWYFORD, TON 201 FIFTH ST WEST PALM BE		Title: Name: Address: City-St-Zip:	TWYFORD, TO 201 FIFTH ST	Change () Addition M EACH, FL 33401		
Title: Name: Address: City-St-Zip:	NICHOLS, SCOT 509 LIGHTHOUS		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () BIERMAN, MARS 12024 NW 9TH I CORAL SPRING	PLACE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PEARSON, KAY	TREET, SUITE 400A	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: TOM TWYFORD V 03/27/2009