

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000269

FILED
Mar 17, 2006
Secretary of State

Entity Name: NORTH FLORIDA FLY FISHERS, INC.

Current Principal Place of Business:

18045 NW US HWY 441
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357044
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAPCINSKY, JODI L
18045 NW US HWY 441
HIGH SPRINGS, FL 32643 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: PD () Delete
Name: SLAPCINSKY, JODI
Address: 18045 NW US HWY 441
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPD () Delete
Name: GRIFFIN, DANA
Address: 3859 NW 32ND PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: TS () Delete
Name: MAHAR, DENNIS
Address: 5235 SW 103RD DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: BRANAGAN, CHARLES
Address: 3602 NW 64TH LANE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change () Addition
Name: BAKER, JACKIE
Address: 1327 SW 96TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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 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: JODI SLAPCINSKY

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date