

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000269

FILED  
Apr 05, 2009  
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: BRUMFIELD, PHYLLIS  
Address: 4332 CLEARLAKE DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VPD ( ) Delete  
Name: BRUMFIELD, BILL  
Address: 4332 CLEARLAKE DRIVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: TS ( ) Delete  
Name: SLAPCINSKY, JODI  
Address: 18045 NW US HIGHWAY 441  
City-St-Zip: HIGH SPRINGS, FL 32643

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAHAR, DENNIS  
Address: 5134 SW 106TH WAY SW 103RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD (X) Change ( ) Addition  
Name: BRUMFIELD, PHYLLIS  
Address: 4332 CLEARLAKE DRIVE  
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 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

TS

04/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date