

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004924

FILED
Apr 29, 2007
Secretary of State

Entity Name: MAKE A DIFFERENCE FISHING TOURNAMENT, INC.

Current Principal Place of Business:

2063 ATTACHE COURT
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16536
CLEARWATER, FL 33766 US

New Mailing Address:

PO BOX 16535
CLEARWATER, FL 33766 US

FEI Number: 59-3587905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, CHARLIE
2063 ATTACHE COURT
CLEARWATER, FL 33764 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: C-D () Delete
Name: WIEGAND, STEVE
Address: 1957 SEVER DR
City-St-Zip: CLEARWATER, FL 33764

Title: P-RA () Delete
Name: TURNER, CHARLIE
Address: 2063 ATTACHE CT
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: TIERNAN, MATTHEW
Address: 505 ORANGE STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: LEWELLYN, DAWN
Address: 3015 WHISPERING DR S
City-St-Zip: LARGO, FL 33771

Title: D-S () Delete
Name: FREE, TOM
Address: 3086 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

Title: D-T () Delete
Name: SUSAN, DAVIDSON
Address: 3629 NETTLE CREEK COURT
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D-VP (X) Change () Addition
Name: SCHAFFER, THOMAS
Address: 329 - 12TH AVE.
City-St-Zip: INDIAN ROCKS BEACH, FL 34785

Title: D-VP (X) Change () Addition
Name: LEWELLYN, DAWN
Address: 3015 WHISPERING DR S
City-St-Zip: LARGO, FL 33771

Title: D-VP (X) Change () Addition
Name: FREE, TOM
Address: 3086 OAKBROOK CIRCLE
City-St-Zip: CLEARWATER, FL 33759

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: STEVE WIEGAND

D-C

04/29/2007

Electronic Signature of Signing Officer or Director

Date