

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005391

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: FLORIDA BASS FEDERATION, INC.

## Current Principal Place of Business:

% W. COLE MOORMAN, CPA  
2800 S.W. 3RD TERRACE, STE. C  
OKEECHOBEE, FL 34974

## New Principal Place of Business:

## Current Mailing Address:

% W. COLE MOORMAN, CPA  
2800 S.W. 3RD TERRACE, STE. C  
OKEECHOBEE, FL 34974

## New Mailing Address:

FEI Number: 26-6568316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORMAN, W. COLE CPA  
2800 S.W. 3RD TERRACE, STE. C  
OKEECHOBEE, FL 34974 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: PRES ( ) Delete  
Name: KOSTRZEWA, ROBERT  
Address: 6840-B COMMERCE AVE.  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete  
Name: RATCLIFF, MICK  
Address: 211 N. BETLINET DR.  
City-St-Zip: QUINCY, FL 32351

Title: SECT ( ) Delete  
Name: BENENATI, RONALD  
Address: 24 OAKWOOD RD.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: COMP ( ) Delete  
Name: ETHRIDGE, JOHN  
Address: 7925 PORTAGE DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: TD (X) Delete  
Name: GARY, DOUGLAS  
Address: 3515 LORI LANE  
City-St-Zip: LAKELAND, FL 33801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: RATCLIFF, MICHAEL R  
Address: 211 N. BETLINET DR  
City-St-Zip: QUINCY, FL 32351

Title: VP (X) Change ( ) Addition  
Name: KOSTRZEWA, ROBERT  
Address: 6840-B COMMERCE AVE.  
City-St-Zip: PORT RICHEY, FL 34668

Title: SECT (X) Change ( ) Addition  
Name: HEATH, ANNIN  
Address: 1047 EPPING FOREST DR.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD (X) Change ( ) Addition  
Name: PERSINGER, STEVE  
Address: P.O. BOX 358681  
City-St-Zip: GAINSVILLE, FL 32635

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: MICHAEL RATCLIFF

PRES

01/18/2007

Electronic Signature of Signing Officer or Director

Date