

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005391

FILED
Mar 06, 2008
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 (X)

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: RATCLIFF, MICHAEL R
Address: 211 N. BETLINET DR
City-St-Zip: QUINCY, FL 32351

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FOWLER, JAMES
Address: 125 FISHERMAN ROAD
City-St-Zip: SATSUMA, FL 32189

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

Title: TD (X) Change () Addition
Name: GARY, DOUGLAS
Address: 5315 LORI LANE
City-St-Zip: LAKE LAND, FL 33801

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: ROBERT KOSTRZEWA

PRES

03/06/2008

Electronic Signature of Signing Officer or Director

Date