

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005391

FILED  
Jan 06, 2010  
Secretary of State

Entity Name: FLORIDA BASS FEDERATION, INC.

**Current Principal Place of Business:**

LEDYARD AND LEDYARD, CPA'S  
9515 SUNSHINE BLVD.  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

LEDYARD AND LEDYARD, CPA'S  
9515 SUNSHINE BLVD.  
NEW PORT RICHEY, FL 34654

**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:**

LEDYARD, MERLYN CPA  
9515 SUNSHINE BLVD.  
NEW PORT RICHEY, FL 34654 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  
Name: FOWLER, JAMES  
Address: 125 FISHERMAN RD.  
City-St-Zip: SATSUMA, FL 32189

Title: VP  
Name: WETZ, JEFF  
Address: 3365 OAK HILL RD.  
City-St-Zip: MOUNT DORA, FL 32757

Title: SECT  
Name: JOSEPH, NICKOL  
Address: 102 BROWN'S FISH CAMP RD.  
City-St-Zip: CRESCENT CITY, FL 32112

Title: TD  
Name: CHERYL, BREWER  
Address: 305 4TH STREET SOUTH  
City-St-Zip: DUNDEE, FL 33838

I hereby 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 all other like empowered.

SIGNATURE: JAMES FOWLER

PRES

01/06/2010

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

\_\_\_\_\_  
Date