

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 10, 2010
Secretary of State

DOCUMENT# N99000005391

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: BENENATI, RONALD
Address: 24 OAKWOOD ROAD
City-St-Zip: WINTER HAVEN, FL 33880

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

02/10/2010

Electronic Signature of Signing Officer or Director

Date