

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001226

Entity Name: BONEFISH & TARPON TRUST INC**Current Principal Place of Business:**2937 SW 27TH AVENUE,
SUITE 203
MIAMI, FL 33131**Current Mailing Address:**2937 SW 27TH AVENUE,
SUITE 203
MIAMI, FL 33131 US**FEI Number:** 65-0988321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIDSON, THOMAS N
7 SUNRISE CAY DRIVE
KEY LARGO, FL 33037 US*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

Officer/Director Detail :

Title CD
Name DAVIDSON, THOMAS N
Address 7 SUNRISE CAY DRIVE
City-State-Zip: KEY LARGO FL 33037

Title TDVC
Name FISHER, RUSS
Address 50 CLUBHOUSE RD. #63
City-State-Zip: KEY LARGO FL 33037

Title S
Name HARKAVY, JEFFREY S
Address 3101 N FEDERAL HWY 8TH FL
City-State-Zip: FT LAUDERDALE FL 33306

Title D
Name ADAMS, AARON
Address 190 IBIS DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT
Name BREWER, HAROLD
Address 47 SUNRISE CAY DRIVE
City-State-Zip: KEY LARGO FL 33037

Title EXECUTIVE DIRECTOR
Name MCDUFFIE, JAMES
Address 2937 SW 27 AVE
203
City-State-Zip: MIAMI FL 33133

Title ASST TREASURER
Name LONES, LEE SCOTT
Address 2937 SW 27 AVE
203
City-State-Zip: MIAMI FL 33133

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: LONES, LEE SCOTT**TREASURER, DIRECTOR OF OPERATIONS** 01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date