

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15899

Entity Name: THE BILLFISH FOUNDATION, INC.**Current Principal Place of Business:**1915 NE 45TH STREET
#212
FT LAUDERDALE, FL 33308**Current Mailing Address:**PO BOX 8787
FT LAUDERDALE, FL 33310 US**FEI Number:** 59-2694327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEEL, ELLEN
1915 NE 45TH STREET
SUITE 212
FORT LAUDERDALE, FL 33308 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:** ELLEN PEEL

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MACMILLAN, SANDRA
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

Title	PRESIDENT
Name	PEEL, ELLEN
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

Title	DIRECTOR
Name	GADDY, CHARLES
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

Title	DIRECTOR
Name	COOPER, SCOTT
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

Title	DIRECTOR
Name	BACARDI, LUIS
Address	1915 NE 45TH STREET STE 212
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	DORLAND, JOHN
Address	1915 NE 45TH STREET STE 212
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	HEALY, PAT
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

Title	DIRECTOR
Name	WILSON, SERENA
Address	1915 NE 45TH STREET SUITE 212
City-State-Zip:	FT LAUDERDALE FL 33308

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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: ELLEN PEEL

PRESIDENT

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NAVARRO, ROBERT
Address 1915 NE 45TH STREET
SUITE 212
City-State-Zip: FT LAUDERDALE FL 33308

Title DIRECTOR
Name MCKISSICK, SMYTH
Address 1915 NE 45TH STREET
SUITE 212
City-State-Zip: FT LAUDERDALE FL 33308

Title DIRECTOR
Name MUSSELMAN, AUSTIN
Address 1915 NE 45TH STREET
SUITE 212
City-State-Zip: FT LAUDERDALE FL 33308