

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011419

**FILED**  
**Jan 26, 2020**  
**Secretary of State**  
**7381955428CC**

**Entity Name:** SANIBEL FLYFISHERS INC

**Current Principal Place of Business:**

2134 EGRET CIRCLE  
SANIBEL, FL 33957

**Current Mailing Address:**

PO BOX 595  
SANIBEL, FL 33957 US

**FEI Number:** 01-0586820

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUNNINGHAM, THOMAS A  
2134 EGRET CIRCLE  
SANIBEL, FL 33957 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 T  
Name CUNNINGHAM, THOMAS A  
Address 2134 EGRET CIRCLE  
City-State-Zip: SANIBEL FL 33957

Title P  
Name SQUIBB, PETE  
Address 9215 BELLEZA WAY #101  
City-State-Zip: FT MEYERS FL 33908

Title VP  
Name LONG, GARY  
Address 5429 SHEARWATER DR  
City-State-Zip: SANIBEL FL 33957

Title S  
Name JESSEN, BRAD  
Address 12750 SEASIDE KEY CT  
City-State-Zip: NORTH FT MYERS FL 33903

Title D  
Name BROOKS, BOB  
Address 990 BEACH RD  
City-State-Zip: SANIBEL FL 33957

Title D  
Name ARONOFF, JOEL  
Address 11243 CARAVEL CIR  
City-State-Zip: FT MYERS FL 33908

*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:** THOMAS A CUNNINGHAM

**TREASURER**

**01/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date