

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37323

**Entity Name:** FLORIDA KEYS FISHING TOURNAMENTS, INC.

**Current Principal Place of Business:**

24386 OVERSEAS HWY  
SUMMERLAND KEY, FL 33042

**Current Mailing Address:**

P.O. BOX 420358  
SUMMERLAND KEY, FL 33042 US

**FEI Number:** 65-0294922

**Certificate of Status Desired:** Yes

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

SPOTTSWOOD, WILLIAM B.  
500 FLEMING ST  
KEY WEST, FL 33040 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 D, PRESIDENT  
Name SHARPE, JIM  
Address 24386 OVS HWY  
City-State-Zip: SUMMERLAND KEY FL 33042

Title D  
Name WEINHOFER, MIKE  
Address P.O. BOX 430161  
City-State-Zip: BIG PINE KEY FL 33043

Title D, SECRETARY  
Name KIJAK, STEVE  
Address 22985 CALICO JACK CIRCLE  
City-State-Zip: CUDJOE KEY FL 33042

Title D  
Name THURMAN, KAREN  
Address 1996 OVERSEAS HWY  
City-State-Zip: MARATHON FL 33050

Title D, VP  
Name GREENE, TIM  
Address 1311 VILLA MILL AVE  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name HARBAUGH, DIANNE  
Address 299 WOODS AVE  
City-State-Zip: TAVERNIER FL 33070

*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:** JIM SHARPE

PRESIDENT

04/09/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date