

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002346

**FILED**  
**Jul 01, 2017**  
**Secretary of State**  
**CC0225094837**

**Entity Name:** BAHAMAS SPORTFISHING & CONSERVATION CORPORATION

**Current Principal Place of Business:**

920 SOUTH MAIN STREET SUITE 100  
GRAPEVINE, TX 76051

**Current Mailing Address:**

920 SOUTH MAIN STREET SUITE 100  
GRAPEVINE, TX 76051 US

**FEI Number:** 20-0529674

**Certificate of Status Desired:** No

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

SMITH, PRESCOTT MR.  
920 SOUTH MAIN STREET SUITE 100  
GRAPEVINE, TX, FL 76051 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:** PRESCOTT SMITH

07/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, PRESCOTT  
Address PO BOX FC23302  
City-State-Zip: FRESH CREEK ANDROS BAHAMAS

Title TREASURER  
Name PINDER, CLEOLA ANGELA MRS.  
Address P. O. BOX FC-23302  
FRESH CREEK  
City-State-Zip: ANDROS ISLAND 23302

Title ASSISTANT TREASURER  
Name MOXEY, JOEL  
Address CORAL HARBOUR PO BOX CB11023  
City-State-Zip: NASSAU BAHAMAS AL

Title SECRETARY  
Name WILSON, GENEVA MS.  
Address P. O. BOX FC-23302  
FRESH CREEK  
City-State-Zip: ANDROS ISLAND 23302

Title DIRECTOR  
Name WILLIAMSON, KENDAL I MR.  
Address FREEPORT  
City-State-Zip: GRAND BAHAMA BAHAMAS

Title DIRECTOR  
Name MILLER, CHRIS  
Address DELRAY BEACH  
City-State-Zip: DELRAY BEACH FL

Title DIRECTOR  
Name LEADON, SHAWN MR.  
Address CARGILL CREEK  
City-State-Zip: ANDROS

Title DIRECTOR  
Name FERGUSON, ERIN MR.  
Address NEW PROVIDENCE  
City-State-Zip: NASSAU BAHAMAS

*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:** CLEOLA A. PINDER

**TREASURER**

07/01/2017

Electronic Signature of Signing Officer/Director Detail

Date