


**- 2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 737910 1. Entity Name NATIONAL ASSOCIATION OF JAI-ALAI FRONTONS, INC.	
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Principal Place of Business 301 E DANIA BEACH BLVD. DANIA BEACH, FL 33004	Mailing Address 301 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1714817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRIS JR, CLINTON E 301 E DANIA BCH BLVD. DANIA BEACH, FL 33004
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOPER, HORT 6405 S. HIGHWAY 17-92 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS JR, CLINTON E 301 E DANIA BCH BLVD. DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOX, DANIEL R. 301 E DANIA BCH BLVD. DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETT, JR. B 1750 KINGS HWY FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000914496
05/08/08-80059-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-15-08 954-927-2841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #