


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90223 035 ****61.25

DOCUMENT # N98000000391

1. Entity Name
SANDALFOOT CENTRAL ASSOCIATION, INC.



Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067	Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067
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04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0901042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY SUITE 103
LAUDERDALE, FL 33309

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRONER, JAMES J 9355 SW 8 STREET #119 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ELLIS, VIRGINIA 9233 SW 8 STREET #107 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHULER, LORRAINE 9300 SW 8 STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/14/05** **954-344-5353**

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