

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005543

1. Entity Name
WESTERN COMMUNITIES FOOTBALL LEAGUE, INC.



Principal Place of Business
12207 OLD COUNTRY RD
WELLINGTON, FL 33414 US

Mailing Address
12207 OLD COUNTRY RD
WELLINGTON, FL 33414 US



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0525236

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DAVE
12207 OLD COUNTRY RD
WELLINGTON, FL 33414

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 PD
NAME ROBINSON, DAVE
STREET ADDRESS 12207 OLD COUNTRY RD
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD
NAME GUERRER, EDDIE
STREET ADDRESS 1810 HOLLY HOCK RD
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE SD
NAME SHARKEY, BRENDA
STREET ADDRESS 1155 PINE DR
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE TD
NAME DAVIS, JAMES
STREET ADDRESS 1373 BEAMPTON COVE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME PICONELLI, JOE
STREET ADDRESS 111 SEAFORD DR
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000194170
01/24/05-80089-023 70.00

**DO NOT WRITE
IN THIS SPACE**

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: William D. Robinson 1/30/05 561-793-5841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #