

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90119 043 ****70.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

William D. Robinson

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	3RD VP TREASURER	<input type="checkbox"/> Delete
NAME	ROBINSON, DAVE	
STREET ADDRESS	12207 OLD COUNTRY RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	GUERRER, EDDIE	
STREET ADDRESS	1810 HOLLY HOCK RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, BRENDA	
STREET ADDRESS	1155 PINE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JAMES	
STREET ADDRESS	1373 BEAMPTON COVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	1ST VP	<input type="checkbox"/> Delete
NAME	PICONELLI, JOE	
STREET ADDRESS	111 SEAFORD DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	2ND V.P.	<input type="checkbox"/> Delete
NAME	JOAN SCHILLER	
STREET ADDRESS	1621 YACHTMAN PL	
CITY-ST-ZIP	WELLINGTON, FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	3RD VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD YOUNG	
STREET ADDRESS	1839 SHOWER TREE LANE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH KONNER	
STREET ADDRESS	101 SAND PINELAND	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William D. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM D. ROBINSON

3/14/06 561/792-5841

1300

Daytime Phone #