2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46305

FILED Apr 25, 2008 Secretary of State

Entity Name: LAKE REGION FOOTBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 8766 225 AUDUBON OAKS DRIVE LAKELAND, FL 33806 APT #203 LAKELAND, FL 33809 **Current Mailing Address: New Mailing Address:** P.O. BOX 8766 LAKELAND, FL 33806 FEI Number: 59-3075585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GARRISON, ANDREW Name: Name: 2953 MORRIS DR Address: Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition DUFFY, DENNIS Name: DUFFY, DENNIS Name: Address: 10820MHIGHVIEW DR Address: 10820MHIGHVIEW DR City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: () Delete Title: () Change () Addition HARPER, TIM Name: Name: Address: 2224 PALMVIEW CIR E Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FOUNTAIN, JOE Name: 6010N IDLE A WHILE CR. Address: Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: Title: () Delete Title: () Change () Addition GALYAN, JOE JR Name: Name: 4611 CT ST Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: () Delete Title: (X) Change () Addition YODONIS, FRANK YODONIS, FRANK Name: Name: Address: PO BOX 351 Address: PO BOX 351 FROSTPROOF, FL 33843 FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS DUFFY P 04/25/2008