

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005543

FILED
Feb 16, 2009
Secretary of State

Entity Name: WESTERN COMMUNITIES FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

13402 LAMIRADA CIR
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

13402 LAMIRADA CIR
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0525236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, KEVIN
13199 SAMOSET CT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PIGNATO, MIKE
Address: 13402 LD MIRADA CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: T () Delete
Name: CARROLL, KEVIN
Address: 13199 SAMOSET CT
City-St-Zip: WELLINGTON, FL 33414

Title: 2VP () Delete
Name: PASQUOLE, GUS
Address: 2605 VISTA PARKWAY #113
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: SEBERA, TRACEY
Address: 8685 PINE CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: 1VP (X) Delete
Name: PICONELLI, JOE
Address: 111 SEAFORD DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KEVIN CARROLL

S

02/16/2009

Electronic Signature of Signing Officer or Director

Date