

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728562

FILED
Mar 23, 2006
Secretary of State

Entity Name: POMPANO CHIEFS FOOTBALL TEAM, INC.

Current Principal Place of Business:

MITCHELL/MOORE RECREATION
901 NW 10TH ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

MITCHELL/MOORE RECREATION
901 NW 10TH ST
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 03-0480329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALLARD, JOE
4821 NW 19TH ST.
COCONUT CREEK, FL 33063 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: PD () Delete
Name: BALLARD, JOE
Address: 4821 NW 19TH ST.
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: BALLARD, VATINA
Address: 4821 NW 19TH STREET
City-St-Zip: COCONUT CREEK, FL 33442

Title: S () Delete
Name: CHATMAN, ALICE
Address: 851 NW 23RD TER
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: SMITH, RHONDA
Address: 601 NW 20TH ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: DILLARD, GEORGE
Address: 1671 N CYPRESS RD.
City-St-Zip: POMPANO BEACH, FL 33060

Title: MD (X) Delete
Name: REED, JOHN
Address: 1700 NW 5 AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: CHATMAN, ALICE
Address: 4060 NE 7TH AVE #B
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD (X) Change () Addition
Name: SMITH, RHONDA
Address: 601 NW 20TH ST.
City-St-Zip: POMPANO BEACH, FL 33060

Title: MD (X) Change () Addition
Name: REED, JOHN
Address: 1700 NW 5 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE BALLARD

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date