

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728562

FILED
May 20, 2009
Secretary of State

Entity Name: POMPANO CHIEFS FOOTBALL TEAM, INC.

Current Principal Place of Business:

901 NW 10TH STREET
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

901 NW 10TH STREET
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 03-0480329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALLARD, JOE PD
4821 NW 19TH ST.
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

MCGIRT, STEVE VP
149 NW 14TH STREET
POMPANO BCH, FL 33063 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: STEVE MCGIRT

05/20/2009

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 US

Title: VD () Delete
Name: LESANE SR, NATHAN VICE PR
Address: 2051 NW 1ST AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: SD () Delete
Name: HOGGINS, TAMIKA SEC
Address: 5631 WINSTON PARK BLVD NORTH #208
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TD () Delete
Name: HUDSON, ANGELA TREAS
Address: 1051 NW 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D (X) Delete
Name: ALLEN/WILSON, SHARON DIR
Address: 607 NW 21ST AVE
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LESANE, NATE
Address: 2051 NW 1ST AVE
City-St-Zip: POMPANO BCH, FL 33063 US

Title: VD (X) Change () Addition
Name: MCGIRT, STEVE VICE PR
Address: 149 NW 14TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

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: STEVE MCGIRT

VP

05/20/2009

Electronic Signature of Signing Officer or Director

Date