

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740094

FILED
Jan 29, 2009
Secretary of State

Entity Name: SOUTH GULF FOOTBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

18449 PHLOX DRIVE
FORT MYERS, FL 33967

New Principal Place of Business:

18449 PHLOX DRIVE
FORT MYERS, FL 33967 US

Current Mailing Address:

P.O. BOX 1047
FORT MYERS, FL 33902

New Mailing Address:

18449 PHLOX DRIVE
FORT MYERS, FL 33967 US

FEI Number: 59-1816917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBLE, FLOYD S
18449 PHLOX DRIVE
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

GOBLE, FLOYD S
18449 PHLOX DR.
FT. MYERS, FL 33967 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:

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MICHAEL
Address: 11084 YELLOW POPLAR DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: VD () Delete
Name: HANSON, TOM
Address: 1560 HILL AVE
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: SCCHAIBLE, DON
Address: 18282 KOALA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD () Delete
Name: GOBLE, FLOYD S
Address: 18449 9 PHLOX DR
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL
Address: 11084 YELLOW POPLAR DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

Title: VD (X) Change () Addition
Name: HANSON, TOM
Address: 1560 HILL AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: SD (X) Change () Addition
Name: SCHAIABLE, DON
Address: 18282 KOALA AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: TD (X) Change () Addition
Name: GOBLE, FLOYD S
Address: 18449 9 PHLOX DR
City-St-Zip: FORT MYERS, FL 33967 US

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: FLOYD S. GOBLE

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date