

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740094

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** SOUTH GULF FOOTBALL OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

18449 PHLOX DRIVE  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

**Current Mailing Address:**

18449 PHLOX DRIVE  
FORT MYERS, FL 33967 US

**New Mailing Address:**

**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 DR.  
FT. MYERS, FL 33967 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  
Name: BROWN, MICHAEL  
Address: 11084 YELLOW POPLAR DRIVE  
City-St-Zip: FORT MYERS, FL 33913 US

Title: VD  
Name: HANSON, TOM GOBLE  
Address: 1560 HILL AVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: SD  
Name: SCHAIBLE, DON  
Address: 18282 KOALA AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

I hereby 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 all other like empowered.

SIGNATURE: FLOYD S GOBLE

TREA

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date