

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748905

FILED
Jan 17, 2009
Secretary of State

Entity Name: HORNETS FOOTBALL, INC.

Current Principal Place of Business:

6490 SOUTHPOINTE BLVD.
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

POB 07131
FORT MYERS, FL 33907

New Mailing Address:

POB 07131
FORT MYERS, FL 33919

FEI Number: 59-2477805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, SHIRLEY
1847 MORENO AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

DEVITO, MICHAEL
14431 PINE LILY DR.
FORT MYERS, FL 33908 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: MICHAEL DEVITO

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, MARIANNE
Address: 13711 RALEIGH LANE N-3
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: THOMAS, JOHN
Address: 13711 RALEIGH LANE
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: SIMPSON, SHIRLEY
Address: 1847 MORENO AVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: SIMPSON, JAMIE
Address: 1847 MORENO AVE.
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMAS, JOHN
Address: 6308 PANTHER LN.
City-St-Zip: FT. MYERS, FL 33919

Title: D (X) Change () Addition
Name: DEVITO, TANYA
Address: 14431 PINE LILY DR.
City-St-Zip: FT. MYERS, FL 33908

Title: D (X) Change () Addition
Name: DEVITO, MICHAEL
Address: 14431 PINE LILY DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: GOODMAN, CARNELL
Address: 15316 CODIE ST.
City-St-Zip: FT. MYERS, FL 33908

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: MICHAEL DEVITO

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date