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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # 759839 D FOOTBALL OFFICIALS A	04-19-2	2004 90286 050		.00				
Principal Plac P.O.BOX 130 TALLAHASSE		Mailing Address P.O.BOX 1306 TALLAHASSEE, FL 323	· ·		94054851				
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004 Chg-NP	CR2E037	7 (10/03)			
City & State		City & State			4. FEI Number Applied For 59-2190894 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status De	sired \$	8.75 Add ee Required	itional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of	New Registered Ag	gent		
FREDRICKSON, STEPHEN C. 1280 REDFIELD RD. TALLAHASSEE, FL 32311				Name Street Address (P.O. Box Number is Not Acceptable)					
	named entity submits this statement fo		City	,		FL	Zip Code		
	signature. Typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	nature required	d when reinstating)		6-01	· 	
	Filing Fee is \$61.25 Due by May 1, 2004	Trust Fund C		<u> </u>	\$5.00 May Be Added to Fees	Florida Departr	nent of St	ate	
TITLE NAME	DML MCPAUL, DAVID	Delete	11. TITLE NAME	Vice	10 Fredrickson		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1766 TOLAR WHITE ROAD QUINCY, FL 32351		STREET ADDRESS CITY-ST-ZIP	/28	o Resticia Ro	123 <i>11</i>			
TITLE NAME .	PD ADKINSON, CHRIS	☐ Delete	TITLE NAME		,		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3105 ELDWOOD TRAIL TALLAHASSEE, FL 32308		STREET ADDRESS CITY-ST-ZIP	3		,		 چن	
NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, JOHN E 1132 BLACKHAWK WAY TALLAHASSEE, FL 32312	Delete	NAME STREET ADDRESS CITY-ST-ZIP	TD Dav 9011 Talle	e Smart Henon Church whassee Fl.	Rd.	Change	Addition	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	DML RECTOR, JAMES 2405 MAXIA AVE TALLAHASSEE, FL 32304	☐ Dolete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	Change Same	Addition	
HTLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOUCH, VALDRON 1224 RONDS POINTE DR E TALLAHASSEE, FL 32312	∠ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Dan 210 Tall	ing Strickland 8 Harriet Dri Jahassee Fl	ie 32303	Change	Addition	
TITLE NAME STREET ADDRESS	DML STANLEY, GEORGE 1302 SMOKE RISE LANE	Delete	TITLE NAME STREET ADDRESS				Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attact ment with an advags, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM	F OF SIGNING OFFICER OF DIRECTOR	Hesioceici	Date O	Davime Phone #
SIGNATURE Mus Hillerson	Chris Adkison	Prosident	14-12-14	850-575-8653