# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# N00000004976

**Entity Name:** PIGSKIN ACADEMY, INC.

**Current Principal Place of Business:**

1160BREAM DRIVE
ALPHARETTA, GA 30004

**New Principal Place of Business:**

**Current Mailing Address:**

1160BREAM DRIVE
ALPHARETTA, GA 30004

**New Mailing Address:**

**FEI Number: 65-1027546** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

LESTER, TIM
1160BREAM DRIVE
ALPHARETTA, FL 30004 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: CPM ( ) Delete
Name: LESTER, TIM
Address: 16341 NW 77 PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: SD ( ) Delete
Name: LESTER, NATALIE
Address: 1160BREAM DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: TD ( ) Delete
Name: SNEED, SOFIA
Address: 12151 NW 47TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Delete
Name: POUX, EMMANUEL
Address: 14511 HAMPTON PL
City-St-Zip: DAVIE, FL 33325

Title: VPDC (X) Delete
Name: SNEAD, WILLIE L III
Address: 12151 NW 47TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: POUX, EMMANUEL
Address: 14511 HAMPTON PL
City-St-Zip: DAVIE, FL 33325

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: TIMOTHY LEE LESTER CMP 05/01/2009

Electronic Signature of Signing Officer or Director — Date