2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004410

FILED Jan 10, 2007 Secretary of State

Entity Name: LUTZ CHIEF'S PPAL FOOTBALL AND CHEERLEADING ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

770 W LUTZ LAKE FERN RD 770 W LUTZ LAKE FERN RD

LUTZ, FL 33549 LUTZ, FL 33548

Current Mailing Address: New Mailing Address:

PO BOX 1006

LUTZ, FL 335481006

FEI Number: 65-0898751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, DUANE

16811 WINDSOR PARK DR.

LUTZ, FL 33549 US

OVERBECK, TERESA
1007 BALLINGER ROAD
LUTZ, FL 33548 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: TERESA OVERBECK 01/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 SCHEERHORN, MOLLY
 Name:

 Address:
 2806 RIDGE HOLLOW LANE
 Address:

City-St-Zip: LUTZ, FL 33559 City-St-Zip:

Title: AD () Delete Title: AD (X) Change () Addition

Name: ROBINSON, DUANE Name: STARK, WILLIAM

Address: 16811 WINDSOR PARK DR. Address: 19804 DEER HOLLOW LANE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33548

Title: T () Delete Title: () Change () Addition

 Name:
 OVERBECK, TERESA
 Name:

 Address:
 1007 BALLINGER RD.
 Address:

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA OVERBECK T 01/10/2007