


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 035 ****70.00

DOCUMENT # N01000004410 1. Entity Name LUTZ CHIEF'S PPAL FOOTBALL AND CHEERLEADING ORGANIZATION, INC.					
Principal Place of Business 770 W LUTZ LAKE FERN RD LUTZ, FL 33548			Mailing Address PO BOX 1006 LUTZ, FL 33548-1006		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0898751	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OVERBECK, TERESA 1007 BALLINGER ROAD LUTZ, FL 33548				7. Name and Address of New Registered Agent Name Maria Bartell Street Address (P.O. Box Number is Not Acceptable) 3823 Lockridge Dr. City Land O Lakes FL Zip Code 34638	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Maria Bartell</u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHEERHORN, MOLLY 2806 RIDGE HOLLOW LANE LUTZ, FL 33559	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Maria Bartell 3823 Lockridge Dr. Lol, FL 34638
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD STARK, WILLIAM 19804 DEER HOLLOW LANE LUTZ, FL 33548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD Jim Kennedy 919 Hollyshore Dr. Lutz, FL 33548
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OVERBECK, TERESA 1007 BALLINGER RD. LUTZ, FL 33548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Maria Bartell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/14/08</u> Daytime Phone # <u>8139099045</u>	