

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000509

FILED  
Mar 14, 2008  
Secretary of State

**Entity Name:** PIRATE FOOTBALL CORPORATION

**Current Principal Place of Business:**

PT CHARLOTTE HIGH SCHOOL  
POB 380445  
MURDOCK, FL 33938

**New Principal Place of Business:**

PT CHARLOTTE HIGH SCHOOL  
1189 TAMiami TRAIL  
PT. CHARLOTTE, FL 33953

**Current Mailing Address:**

P.O. BOX 380445  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 65-1158963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, GREG  
23340 PAINTER AVENUE  
PORT CHARLOTTE, FL 33954 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: PD ( ) Delete  
Name: HOWARD, GREG  
Address: 23340 PAINTAL AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VD ( ) Delete  
Name: SHAVE, JIM  
Address: 2616 TAMiami TRL UNIT 6  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD ( ) Delete  
Name: INGMAN, GARY  
Address: 1189 TAMiami TRL  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

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: GARY INGMAN

PRES

03/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date