

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001072

1. Entity Name  
**FLORIDA COLLEGIATE FOOTBALL OFFICIALS ASSOCIATION, INC.**



Principal Place of Business  
 5021 SW 111 TERR.  
 FT. LAUDERDALE, FL 33328-3904

Mailing Address  
 5021 SW 111 TERR.  
 FT. LAUDERDALE, FL 33328-3904



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0555538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HANLON, WILLIAM  
 5021 SW 111 TERR.  
 FT. LAUDERDALE, FL 33328-3904

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLON, WILLIAM 5021 SW 111 TERR. FT. LAUDERDALE, FL 333283904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDER, JOE 1408 WINKLER AVE. FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDIZ, VIRGIL 18910 NW 22ND PL. OPA LOCKA, FL 330563220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000178522  
 01/10/05-80093-019 61.25

**DO NOT WRITE IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

*William Hanlon Director*

1/6/05

816 5309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #