


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 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



02092006 No Chg-NP CRZE037 (11/05)

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4. FEI Number
 02-0555538

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

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	

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 02/23/06-80045-020 61.25

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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: William Hanlon Director Date: 2/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR