


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001072
 1. Entity Name
FLORIDA COLLEGIATE FOOTBALL OFFICIALS ASSOCIATION, INC.



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



01152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number Applied For
02-0555538 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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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 01/23/07-80025-009 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 my address, with all other like empowered.

SIGNATURE: William Hanlon (D) 1/17/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #