


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000001072 1. Entity Name FLORIDA COLLEGIATE FOOTBALL OFFICIALS ASSOCIATION, INC.	
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Principal Place of Business 5021 SW 111 TERR. FT. LAUDERDALE FL 33328-3904	Mailing Address 5021 SW 111 TERR. FT. LAUDERDALE FL 33328-3904
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E037 (4/08)

City & State Zip Country	City & State Zip Country	4. FEI Number 02-0555538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANLON, WILLIAM 5021 SW 111 TERR. FT. LAUDERDALE FL 33328-3904

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 registration.

SIGNATURE: *[Signature]* DATE: *5/20/08*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HANLON, WILLIAM
STREET ADDRESS	5021 SW 111 TERR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33328-3904
TITLE	D <input type="checkbox"/> Delete
NAME	RIDER, JOE
STREET ADDRESS	1408 WINKLER AVE.
CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	D <input type="checkbox"/> Delete
NAME	VALDIZ, VIRGIL
STREET ADDRESS	18910 NW 22ND PL.
CITY-ST-ZIP	OPA LOCKA FL 33056-3220
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000952360
STREET ADDRESS	06/04/08-80074-024 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 (William Hanlon)* *5/20/08* *954-816-5309*