2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N02183

Entity Name: LEHIGH ACRES FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

1400 5TH ST W
LEHIGH ACRES, FL 33970

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0387908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELCHER, KIMBERLY A TREASUR
14970 E HAL COURT
FORT MYERS, FL 33905 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: PRES ( ) Delete
Name: BELCHER, WILLIAM A
Address: 14970 E HAL COURT
City-St-Zip: FORT MYERS, FL 33905

Title: VP ( ) Delete
Name: PLEDGER, DIANE
Address: 741 ARTHUR AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: REP ( ) Delete
Name: SNYDER, JANET REP
Address: 5568 BURR STREET
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S ( ) Delete
Name: DEVLIN, APRIL
Address: 207 E JASMINE ROAD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: BELCHER, KIMBERLY A
Address: 14970 E HAL COURT
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BELCHER, WILLIAM V
Address: 14970 E HAL COURT
City-St-Zip: FORT MYERS, FL 33905

Title: VP (X) Change ( ) Addition
Name: GOFF, TIFFANY
Address: 723 RIVERBEND RD
City-St-Zip: N. FORT MYERS, FL 33917

Title: REP (X) Change ( ) Addition
Name: HILLMAN, RICHARD S
Address: 2453 NATURE POINT LOOP
City-St-Zip: FORT MYERS, FL 33905

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: KIMBERLY A BELCHER TREA 01/22/2009
Electronic Signature of Signing Officer or Director — Date