

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001686

FILED  
Oct 14, 2005  
Secretary of State

**Entity Name:** COLLEGIATE FOOTBALL OFFICIALS CAMP, INC.

**Current Principal Place of Business:**

1310 W COLONIAL DRIVE  
SUITE 16  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 947564  
MAITLAND, FL 32794

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELLISON, ROY  
5113 LOG WAGON ROAD  
OCOE, FL 34761 US

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: ROY ELLISON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAGANELLI, CARL  
Address: 1310 W COLONIAL DRIVE, SUITE 16  
City-St-Zip: ORLANDO, FL 32804 US

Title: VD ( ) Delete  
Name: ELLISON, ROY  
Address: 5113 LOG WAGON ROAD  
City-St-Zip: OCOEE, FL 34761 US

Title: SD ( ) Delete  
Name: HAVENER, PERRY  
Address: 7941 MCLAURIN ROAD  
City-St-Zip: N JACKSONVILLE, FL 32256 US

Title: TD ( ) Delete  
Name: SYMONETTE, THOMAS B  
Address: 13725 LAKE CAWOOD DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: THOMAS B. SYMONETTE

TD

10/14/2005

Electronic Signature of Signing Officer or Director

Date