

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90032 014 \*\*\*\*61.25

**DOCUMENT # N03000006985**

1. Entity Name

**THE SOUTH FLORIDA TOUCHDOWN CLUB FOUNDATION,  
INC.**



Principal Place of Business

**3785 NW 82 AVE.  
MIAMI FL 33166**

Mailing Address

**3785 NW 82 AVE.  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**20-0380438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINBAUER, JOHN R  
3785 NW 82 AVE.  
MIAMI FL 33166**

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LUBKIN, ADAM R	
STREET ADDRESS	941 DOVE PLUM CT	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EVANS, TOM	
STREET ADDRESS	7270 MILLER DR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEINBAUER, JOHN	
STREET ADDRESS	9500 SW 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, HECTOR L	
STREET ADDRESS	15023 SW 74TH PLACE	
CITY-ST-ZIP	MIAMI FL 33158	
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	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, CHRIS	
STREET ADDRESS	7396 SW 128TH STREET	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, MICHAEL	
STREET ADDRESS	6990 SW 133RD ST.	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALKIN, GREGG	
STREET ADDRESS	1508 BAY ROAD #1535	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, BRETT	
STREET ADDRESS	350 EAST LAS OLAS BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBAUER, JOHN	
STREET ADDRESS	9500 SW 73RD AVE	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JOHN	
STREET ADDRESS	313 OAK STREET	
CITY-ST-ZIP	HOLLYWOOD BEACH, FL 33019	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]* **EXECUTIVE DIRECTOR JOHN R. STEINBAUER 2/16/06 (305) 629-9740**