


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 009 ****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 - No P.O. Box #		3. Mailing Address P.O. Box 0981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI	
Zip	Country	Zip 33156	Country DADE
4. FEI Number 20-0380438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINBAUER, JOHN R 3785 NW 82 AVE. MIAMI FL 33166		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 registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)			



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BALL, CHRIS 7396 SW 128TH ST PINECREST FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD WILLIAMS, JOHN 1150 NE 125th St. No. MIAMI, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V KELLEY, MICHAEL 6990 SW 133RD ST PINECREST FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V LEMONS, NATALIE 1500 SAN REMO AVE #206 CORAL GABLES, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ZALKIN, GREGG 1508 BAY RD, # 1535 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V EVANS, TOM 7246 MILLER DRIVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SCHNEIDER, BRETT 350 E LAS OLAS BLVD FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD KULCZYNSKI, RICK 995 E. 52ND ST. HIALEAH, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ED STEINBAUER, JOHN 9500 SW 73RD AVE MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V WILLIAMS, JOHN 313 OAK ST HOLLYWOOD FL 33019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SD TRUEBA, JOE 13835 NW 97th Ave. HIALEAH, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOHN STEINBAUER  2/15/07 (305) 629-9740