

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

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 021 ****61.25

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1. Entity Name

THE SOUTH FLORIDA TOUCHDOWN CLUB FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

**P.O. BOX 0981
MIAMI FL 33156**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**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

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, 2008**

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 type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	1150 NE 125TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEMONS, NATALIE	
STREET ADDRESS	1500 SAN REMO AVE., 206	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EVANS, TOM	
STREET ADDRESS	7270 MILLER DR.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KULCZYNSKI, RICK	
STREET ADDRESS	995 E. 52ND STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	ED	<input type="checkbox"/> Delete
NAME	STEINBAUER, JOHN	
STREET ADDRESS	9500 SW 73RD AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TRUEBA, JOE	
STREET ADDRESS	13835 NW 97TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FICHMAN, JONATHAN	
STREET ADDRESS	1330 WEST AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZALKIN, GREGG	
STREET ADDRESS	1508 BAY ROAD #1535	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZISMAN, DAVID	
STREET ADDRESS	9621 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, CONRAD	
STREET ADDRESS	8570 NW 68TH ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
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 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 R. STEINBAUER

2/1/08

(305) 629-3740