## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007282

FILED Feb 18, 2009 Secretary of State

Entity Name: OLDSMAR FALCONS YOUTH FOOTBALL AND CHEERLEADING, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 11

OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

PO BOX 11 PO BOX 11

OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US

FEI Number: 20-1422264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STEELE, PAUL D HAIR, WILLIAM H
9007 BAYOU DR 1928 MONTEGO CT
TAMPA, FL 33635 US OLDSMAR, FL 34677 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: WILLIAM HAIR 02/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 TUCKER, ROBERT
 Name:
 WINGET, STEVE

 Address:
 PO BOX 11
 Address:
 PO BOX 11

City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: OLDSMAR, FL 34677 US

Title: D ( ) Delete Title: COO (X) Change ( ) Addition Name: HAIR, BILL Name: HAIR, WILLIAM

Address: PO BOX 11 Address: PO BOX 11

City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: OLDSMAR, FL 34677 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 STEELE, PAUL
 Name:
 TUCKER, ROBERT

 Address:
 PO BOX 11
 Address:
 PO BOX 11

City-St-Zip: OLDSMAR, FL 34677 US City-St-Zip: OLDSMAR, FL 34677 US

Title: SECR ( ) Change (X) Addition

 Name:
 Name:
 GRANT, AMY

 Address:
 Address:
 PO BOX 11

City-St-Zip: City-St-Zip: OLDSMAR, FL 34677 US

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: WILLIAM HAIR COO 02/18/2009