

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007282

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

PO BOX 11  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 20-1422264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAIR, WILLIAM H  
1928 MONTEGO CT  
OLDSMAR, FL 34677 US

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

CORDANO, TRACY L  
1011 GILFORD ST  
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: TRACY CORDANO

01/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CORDANO, TRACY L  
Address: PO BOX 11  
City-St-Zip: OLDSMAR, FL 34677 US

Title: COO  
Name: GRANT, AMY  
Address: PO BOX 11  
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP  
Name: RIVEIRE, JOSEPH  
Address: PO BOX 11  
City-St-Zip: OLDSMAR, FL 34677 US

Title: SECR  
Name: BURKE, DENISE  
Address: PO BOX 11  
City-St-Zip: OLDSMAR, FL 34677 US

Title: TRES  
Name: RICHARDSON, PATRICIA  
Address: PO BOX 11  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: TRACY CORANO

PRES

01/15/2010

Electronic Signature of Signing Officer or Director

Date