

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N04000011203

Entity Name: PANHANDLE COLLEGIATE UMPIRES ASSOCIATION INC.

Current Principal Place of Business:

P. O. BOX 1087
FT. WALTON BEACH, FL 32549

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1087
FT. WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 84-1666728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVAN, BRUCE
2391 PLACID DRIVE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAVAN, BRUCE
Address: P. O. BOX 1087
City-St-Zip: FT. WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE RAVAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date