

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011203

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

**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