

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001488

FILED
Mar 05, 2009
Secretary of State

Entity Name: SOUTH FLORIDA LADIES LACROSSE, INC.

Current Principal Place of Business:

7124 GOLDENVIEW PLACE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7124 GOLDENVIEW PLACE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2473690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEG, KATHLEEN
4542 GLENEAGLES DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

PECK, TRACEY
7124 GOLDENVIEW PLACE
LAKE WORTH, FL 33467 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: TRACEY PECK

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: REEG, KATHLEEN
Address: 4542 GLENEAGLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PECK, TRACEY
Address: 7124 GOLDENVIEW PLACE
City-St-Zip: LAKE WORTH, FL 33467

Title: TRES () Change (X) Addition
Name: REEG, KATHLEEN
Address: 420 S COUNTRY CLUB DR
City-St-Zip: ATLANTIS, FL 33462

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: TRACEY PECK

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date