

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90078 010 ****61.25

DOCUMENT # N05000001901

1. Entity Name
SOUTH FLORIDA BRONCOS FOOTBALL, INC.



40046941

Principal Place of Business
**215 LAKEPOINTE DRIVE # 204
OAKLAND PARK, FL 33309**

Mailing Address
**215 LAKEPOINTE DRIVE # 204
OAKLAND PARK, FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
81-0663245

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARBY, THOMAS
215 LAKEPOINTE DRIVE # 204
OAKLAND PARK, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DARBY, THOMAS
STREET ADDRESS 215 LAKEPOINTE DRIVE # 204
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KIDD, RHANDY
STREET ADDRESS 898 NW 33RD AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WILSON, VALORIE
STREET ADDRESS 621 SW 28TH DR
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME NEWTON, REGINA
STREET ADDRESS 2521 NW 47TH AVE
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OD ☐ Delete
NAME SHIELDS, CHANDRA
STREET ADDRESS 741 NW 19TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OD ☐ Delete
NAME THOMAS, DENISE
STREET ADDRESS 5720 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Darby **THOMAS DARBY** 4-9-06 (954 731-0331)