2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003246

FILED Aug 01, 2007 Secretary of State

Entity Name: CLEWISTON JUNIOR FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WC OWENS ST.

CLEWISTON, FL 33440

Current Mailing Address: New Mailing Address:

P. O. BOX 537

CLEWISTON, FL 33440

FEI Number: 23-1582287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FORDE, CHARLENE WHITE, APRIL V

1008 ALABAMA AVE. 712 HARLEM ACADEMY AVENUE CLEWISTON, FL 33440 US CLEWISTON, FL 33440 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: APRIL V WHITE 08/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:BENJAMIN, RICHARDName:FELTON, CHARLES H PRESIDEAddress:912 ALABAMA AVE.Address:700 HARLEM TENANT CIRCLE, APT 510City-St-Zip:CLEWISTON, FL 33440 USCity-St-Zip:CLEWISTON, FL 33440 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 TOLBERT, RAY
 Name:
 TERRY, EMMANUEL Z

 Address:
 530 COMMERCIO ST.
 Address:
 2314 7TH COURT

 City-St-Zip:
 CLEWISTON, FL 33440 US
 City-St-Zip:
 CLEWISTON, FL 33440 US

Title: D () Delete Title: D (X) Change () Addition Name: FORDE, CHARLENE Name: CLEMMONS, ELLEN

Address: 1008 ALABAMA AVE. Address: 815 NORTH WILLOW STREET City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440 US

Title: () Delete Title: SCHO () Change (X) Addition Name: WHITE, APRIL V SCHOLAS Address: 712 HARLEM ACADEMY AVENUE City-St-Zip: City-St-Zip: CLEWISTON, FL 33440 US

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: APRIL WHITE SCHO 08/01/2007