FILED Jun 06, 2007 8:00 am Secretary of State

200 <i>1</i>	NOI-FOR-PROFIL CORPORATION
	ANNUAL REPORT

1. Entity Name SOUTH FLORIDA WOMEN'S LACROSSE UMPIRE ASSOCIATION, INC.					06-06-200	7 90003 031 ****61.25		
Principal Place of Business 4536 HUNTERS RUN CIRCLE GRANT, FL 32949		Mailing Address 4536 HUNTERS RUN CIRCLE GRANT, FL 32949		·				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11714 Dunes Road 11714 Dunes			s Roa	d				
Suite, Apt. #, etc. Suite, Apt. #, etc.					05052007 Chg-NP	CR2E037 (12/06)		
Payinton Beach, FL Bounton Beas			ach, i	=	4. FEI Number 59-3830783	Applied For Not Applicable		
334	36 Pelm Bach 6. Name and Address of Current Re	33436 F	alm Be	rach	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 Name Na								
	ACH, FL 32963		11.	114	Dunes Ko	20		
			City	ر الم	ton Beach	FL 22436		
	named entity submits this statement for thi	ne purpose of changing its rec	gistered office of	r register	ed agent, or both, in the State of Fic			
SIGNATURE								
	Filing Fee Is \$61.25	9. Election Campa			<u>- </u>	lake check payable to		
	ue by September 14, 2007	Trust Fund Con			Added to Fees Flor	rida Department of State		
10. TITLE	OFFICERS AND DIREC	Delete	11. TITLE		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 10 Change Addition		
NAME STREET ADDRESS	MOTYKA, EDWIN J 4536 HUNTERS RUN CIRCLE		NAME STREET ADDRESS	Ka	therine Keini	mund		
CITY-ST-ZIP	GRANT, FL 32949		CITY-ST-ZIP	Ba	inton Beach	FL 33436		
TITLE NAME	D JORDAN, JOHN	☑ Delete	TITLE NAME	100	eph Cerasu			
STREET ADDRESS	PO BOX 781315		STREET ADDRESS	1141	Northumber	and ci		
CITY-ST-ZIP	SEBASTIAN, FL 32958	Da Delete	CITY-ST-ZIP	we	Mington, FL.	33414 □Change □ Addition		
NAME	MORAN, JAMES	Light Designe	HAME	110	nothy McCar	thy thou		
STREET ADDRESS CITY-ST-ZIP	1375 SW 58TH AVE VERO BEACH, FL 32968	,	STREET ADDRESS CITY-ST-ZIP		7 whitehall! Lauderdale.	2710e - 104		
TITLE	Т	D Delete	TITLE	Tre	asurer	□ Change		
NAME STREET ADORESS	AHERN, JACK 1119 N FORK RD	•	NAME STREET ADDRESS	عمد	de Hetraer	and circle		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Box	inton Beach.	FL 33437		
TITLE NAME		☐ Delete	TITLE NAME		,	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Delete	CITY-ST-ZIP			☐ Change ☐ Addition		
NAME		_ boxe	NAME					
STREET ADDRESS CITY-ST-ZIP			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 like empowered.								
SIGNATURE: # SIGNATURE AND TYPED OR PROMISED OFFICER OR DIRECTOR DATE OF STORES OF STO								