

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010612

FILED  
May 08, 2008  
Secretary of State

Entity Name: PELICAN U-19 RUGBY CLUB, INC.

## Current Principal Place of Business:

10407 LAKE GROVE DR  
ODESSA, FL 33556

## New Principal Place of Business:

## Current Mailing Address:

10407 LAKE GROVE DR  
ODESSA, FL 33556

## New Mailing Address:

FEI Number: 32-0183685      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:

MCFADDEN, DAVE  
10407 LAKE GROVE DR  
ODESSA, FL 33556      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: DP      ( ) Delete  
Name: MCFADDEN, DAVE  
Address: 10407 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556

Title: D      ( ) Delete  
Name: DEANNUNTIS, CHRIS  
Address: 10407 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556

Title: D      ( ) Delete  
Name: FOLEY, JOHN  
Address: 10407 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556

Title: DS      ( ) Delete  
Name: ARCE, ROBERT  
Address: 10407 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556

Title: T      ( ) Delete  
Name: COLEMAN, DANNY  
Address: 10407 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A> MCFADDEN

PRES

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date