## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011440

Entity Name: PALM BEACH FOOTBALL CLUB, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11761 KNIGHTSBRIDGE PLACE WELLINGTON, FL 33467				11761 KNIGHTSBRIDGE PLACE WELLINGTON, FL 33449			
Current Mailing Address:				New Mailing Address:			
11761 KNIGHTSBRIDGE PLACE WELLINGTON, FL 33467				6128 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463			
FEI Number: 20-5841589 FEI Number Applied For ( ) FEI N				umber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	ırrent Registered Agent:		Name and	Address o	of New Registered Agent:	
WELLING <sup>-</sup> The above	GĤTSBRIDGE TON, FL 33467	US	urpose c	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent			nt			 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DEVER, DONALI 11761 KNIGHTS WELLINGTON, F VP () I UNDERWOOD,	BRIDGE PLACE EL 33467 Delete FODD M RRY LAKES CIRCLE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P UNDERWOO 6128 STRAN	(X) Change ( ) Addition DNALD J GHTSBRIDGE PLACE ON, FL 33449  (X) Change ( ) Addition OD, TODD M WBERRY LAKES CIRCLE ITH, FL 33463	
Title: Name: Address: City-St-Zip: Title: Name:	DEVER, LANI H 11761 KNIGHTS WELLINGTON, F T () I KOSIANOWSKI,	:L 33467 Delete KARYNE		Title: Name: Address: City-St-Zip: Title: Name:	D MURPHY, C	ERBEND COURT ON, FL 33414  (X) Change ( ) Addition CONNIE	
Address: City-St-Zip:	6128 STRAWBE LAKE WORTH, F	RRY LAKES CIRCLE L 33463		Address: City-St-Zip:		WORTH ROAD, #302 TH, FL 33467	
Title: Name: Address: City-St-Zip:	•	Delete		Title: Name: Address: City-St-Zip:	D SHAHIN, ST 5285 OUAC	( ) Change (X) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D YODLOWSI 730 DAFFO WELLINGTO		

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: DONALD J DEVER T 04/29/2008