## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000011440

TI FILED
Dec 02, 2009
Secretary of State

Entity Name: PALM BEACH FOOTBALL CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6128 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 6128 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463 FEI Number: 20-5841589 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNDERWOOD, TODD 6128 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition UNDERWOOD, TODD M JONES, LARRY Name: Name: 6128 STRAWBERRY LAKES CIRCLE Address: 9351 TALWAY CIRCLE Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: BOYNTON BEACH, FL 33472 Title: () Delete Title: (X) Change ( ) Addition LELAND, KAREN Name: GRAHAM, ROBERT Name: Address: 11587 WATERBEND COURT Address: 935 BRIARWOOD DRIVE City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33415 Title: () Delete Title: (X) Change ( ) Addition MURPHY, CONNIE UNDERWOOD, TODD Name: Name: 7765 LAKE WORTH ROAD, #302 6128 STRAWBERRY LAKES CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33463 Title: ( ) Delete Title: (X) Change ( ) Addition Name: SHAHIN, STEVE Name: SHAHIN, KRISTINA Address: 5285 OUACHITA DRIVE Address: 5285 OUACHITA DRIVE City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: ( ) Change (X) Addition MURPHY, CONNIE Name: Name: 122 W RUBBERTREE LANE Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: ( ) Change (X) Addition PUN. LOVE Name: Name: Address: Address: 9005 PITRIZZA DRIVE WELLINGTON, FL 33467 City-St-Zip: 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: TODD UNDERWOOD D 12/02/2009