

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 06, 2009**  
**Secretary of State**

DOCUMENT# N06000011440

**Entity Name:** PALM BEACH FOOTBALL CLUB, INC.**Current Principal Place of Business:**6128 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463**New Principal Place of Business:**9351 TALWAY CIRCLE  
BOYNTON BEACH, FL 33472**Current Mailing Address:**6128 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463**New Mailing Address:**9351 TALWAY CIRCLE  
BOYNTON BEACH, FL 33472**FEI Number:** 20-5841589**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**UNDERWOOD, TODD  
6128 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463 US**Name and Address of New Registered Agent:**JONES, LARRY  
9351 TALWAY CIRCLE  
BOYNTON BEACH, FL 33472 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: LARRY JONES

12/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, LARRY  
Address: 9351 TALWAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V ( ) Delete  
Name: GRAHAM, ROBERT  
Address: 935 BRIARWOOD DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D (X) Delete  
Name: UNDERWOOD, TODD  
Address: 6128 STRAWBERRY LAKES CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Delete  
Name: SHAHIN, KRISTINA  
Address: 5285 OUACHITA DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete  
Name: MURPHY, CONNIE  
Address: 122 W RUBBERTREE LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: PUN, LOVE  
Address: 9005 PITRIZZA DRIVE  
City-St-Zip: WELLINGTON, FL 33467

**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:

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: LARRY JONES

PRES

12/06/2009

Electronic Signature of Signing Officer or Director

Date