




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 044 ****70.00

DOCUMENT # N07000000212 1. Entity Name WEST BOYNTON FOOTBALL LEAGUE INC.					
Principal Place of Business 5685 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463				Mailing Address 5685 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463	
2. Principal Place of Business - No P.O. Box # 4400 CHARLOTTE ST.		3. Mailing Address 6546 STONEHURST CR			
Suite, Apt. #, etc. G		Suite, Apt. #, etc. 			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL		4. FEI Number 61-1523239	
Zip 33461		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOLE, THOMAS A 7346 ASHLEY SHORES CIRCLE LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name JOHN CASTRO Street Address (P.O. Box Number is Not Acceptable) 6546 STONEHURST CR City LAKE WORTH FL Zip Code 33467		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  JOHN CASTRO, TREASURER 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOOD, FRANK C 5685 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD MANKIN - D 7741 HANAHAN PLACE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOLLUM, MICHAEL E 1104 MANOR DRIVE PALM SPRINGS, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT MIKE DAMARCO - D	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONSOLE, THOMAS A 7346 ASHLEY SHORES CIRCLE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. TREASURER JOHN CASTRO - D 6546 STONEHURST CR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANKIN, EDWARD A 7741 HANAHAN PLACE LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEVE PARSONS 9112 PARAGON WAY BOYNTON BEACH FL. 33476	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  JOHN CASTRO		2/13/08		561-670-1170	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	