2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000000586



FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90180 046 ****61.25

NORTHE	AST NOMADS RUGBY FO	OOTBALL CLI	JB,INC.			94-30-2008 90	0100 040 0	01.23
Principal Place of Business 5971 NE 22ND WAY FORT LAUDERDALE, FL 33308 US Mailing Address 5971 NE 22ND WAY FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308				08	Lawrinks du Spir. II	Tan asin asin asin asili sa	ın dulu 48181 AMBI 48118 AM	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Add	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		04272008 Ch	ig-NP (CR2E037 (12/06)	
City & State	3	City & Sta	10		4. FEI Number EIN 32	-019139	8 Ap	plied For t Applicable
Zip	Country	Zip	C	ountry	5. Certificate of Sta		□ \$8.75 Add Fee Required	
	6. Name and Address of Currer	nt Registered Ager	it		7. Name and Add	ress of New Regi	stered Agent	
CHELLEY	38/0 L 1884 D			Name				
SHELLEY, WILLIAM R 5971 NE 22ND WAY FORT LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	-
S. The above	named entity submits this statement	for the aurage of a	hanging its societs	arad affice or registe	ared poent or both in	the State of Book		and accept
	named entity submits this statement ions of registered agent.	for the purpose of t	riging is registe	ered Office of registe	sied agent, or both, iii	une state or riono	a. ram tarima wini,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Regula	ered Agent signature require	ed when reinstating)	· · · · · · · · · · · · · · · ·	DATE	
			Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		e check payable to Department of St	
10.	OFFICERS AND (11	1.	ADDITIONS/CHANGE	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE	President 10 LV	". 🗆	Detete 11	TLE			Change	☐ Addition
NAME	William R. Shelle 5971 NE 22nd Wa	3		AME				
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	Ft. Lauderdale, FL							☐ Addition
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indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as if made under cath; 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?

GNATURE:

(954)

798-6670

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR