## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009924

FILED May 14, 2009 Secretary of State

Entity Name: PALM BEACH PUNISHERS WOMEN'S FOOTBALL INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:	
	GDALE CIRCLE RINGS, FL 33461		
urrent N	lailing Address:	New Mailing Address:	
	GDALE CIRCLE RINGS, FL 33461		
	: 37-1552001 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable ( ) Certificate of Status D	Desired()
lame and	Address of Current Registered Agent:	Name and Address of New Registered Age	ent:
SMENT,	KHDISTV		
	GDALE CIRCLE RINGS, FL 33461 US		
PALM SPF	GDALE CIRCLE RINGS, FL 33461 US	purpose of changing its registered office or registered ag	gent, or both,
PALM SPF	GDALE CIRCLE RINGS, FL 33461 US e named entity submits this statement for the e of Florida.  RE:		gent, or both,
PALM SPF The above In the State	GDALE CIRCLE RINGS, FL 33461 US e named entity submits this statement for the e of Florida.		gent, or both,
PALM SPF The above In the State	GDALE CIRCLE RINGS, FL 33461 US e named entity submits this statement for the e of Florida.  RE:		
PALM SPF The above In the State	GDALE CIRCLE RINGS, FL 33461 US e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A	gent Date	
ALM SPF he above the State IGNATUI  PFFICER: tte: ame: ddress:	GDALE CIRCLE RINGS, FL 33461 US  e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A  S AND DIRECTORS:  S () Delete  HARGREAVES, REBECCA 52 SPRINGDALE CIRCLE	gent Date  ADDITIONS/CHANGES TO OFFICERS AND  Title: ( ) Change ( ) Addition  Name: Address:	

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: LINDA NICCUM VP 05/14/2009