

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001587

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA WRESTLING OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

123 NORTH APOPKA AVENUE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

123 NORTH APOPKA AVENUE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 90-0425429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, WILLIAM J
123 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: NETHERCLIFT, MIKE
Address: 2 NASHUA WAY
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: GALLICO, JOHN
Address: 3353 SE 54TH AVE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: GRANT, WILLIAM
Address: 123 NORTH APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: DAVIS, BRYAN
Address: 192 SW DANTE TERR
City-St-Zip: LAKE CITY, FL 32025

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:

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: WILLIAM J. GRANT

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date