2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N08000002442

Entity Name: DAVIE TACKLE FOOTBALL CLUB, INC.

Current Principal Place of Business:

7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328

New Mailing Address:

FEI Number: 32-0239580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHIMPOULIS, JAY P
7901 SW 36 STREET
SUITE 206
DAVIE, FL 33328 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: COHN, HOWARD A
Address: 3057 SW 141 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete
Name: CHIMPOULIS, JAY P
Address: 4430 SW 107 WAY
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete
Name: RUE, LISA H
Address: 731 SHILOH TERRACE
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete
Name: COHN, HOWARD A
Address: 3057 SW 141 AVENUE
City-St-Zip: MIRAMAR, FL 33027

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: JAY P. CHIMPOULIS VP 06/29/2009

Electronic Signature of Signing Officer or Director — Date