2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011494

Entity Name: SOUTHWEST FLORIDA RUGBY INC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1525 HENI	-				. 		
Current Mailing Address:				New Mailing Address:			
1525 HENI FORT MYE	DRY ST. ERS, FL 3390	1					
FEI Number:	26-4083679	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
MOLONEY, RON 2875 PALM BEACH BLVD 208C FORT MYERS, FL 33916 US				MOLONEY, ROY 2875 PALM BEACH BLVD 208C FORT MYERS, FL 33916 US			
The above in the State	named entity s e of Florida.	submits this statement for the pu	ırpose o	f changing it	s registered	office or registered agent, or both	ı
SIGNATURE: ROY MOLONEY				04/30/2009			
	Electron	ic Signature of Registered Ager	nt			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip: Title: Name:	LOVELACE, JE 11528 NIGHT H FORT MYERS,	ERON DRIVE		Title: Name: Address: City-St-Zip: Title: Name:	LISOTTO, NIC 8341 WHISKE FORT MYERS	Y PRESERVE CIRCLE #540 F, FL 33919 K) Change () Addition	
Address: City-St-Zip:	PO BOX 3150 BONITA SPRIN	GS, FL 34133		Address: City-St-Zip:	205 PARK SH NAPLES, FL	ORE DR. #434 34103	
Title: Name: Address: City-St-Zip:	MOLONEY, RO	ACH BLVD 208C		Title: Name: Address: City-St-Zip:	MOLONEY, R	EACH BLVD #208C	
Title: Name: Address: City-St-Zip:	DUNNE, KEN	Delete WALK CIRCLE #113 FL 33908		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VINCE, BYRAN 5959 WINKLER FORT MYERS,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MCDONALD, VI 8531 ATHENA (LEHIGH ACRES	COURT		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROY MOLONEY D.T 04/30/2009