

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N12829

1. Entity Name
FLORIDA RUGBY REFEREES ASSOCIATION, INC.



Principal Place of Business
% TERRY DAY
3211 NE 8TH COURT
POMPAÑO BEACH, FL 33062

Mailing Address
% TERRY DAY
3211 NE 8TH COURT
POMPAÑO BEACH, FL 33062



07062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAY, TERRY E.
3211 NE 8TH CT.
POMPAÑO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAY, TERRY
STREET ADDRESS 3211 N.E. 8TH COURT
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE D
NAME FITZGERALD, GERRY
STREET ADDRESS 8205 NW 38TH CT
CITY-ST-ZIP CORAL SPRINGS, FL

TITLE D
NAME KARTIGANER, CRAIG I
STREET ADDRESS 8860 NW 10TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33322

TITLE
NAME
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07/11/05-80001-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TERRY E DAY **7-7-7** **954 253 9349**