

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90066 022 \*\*\*\*61.25

**DOCUMENT # N21515**

1. Entity Name  
**EAST COAST FOOTBALL OFFICIALS ASSOCIATION, INC.**



Principal Place of Business  
**11071 LAUREL WALK ROAD  
WELLINGTON, FL 33467 US**

Mailing Address  
**11071 LAUREL WALK ROAD  
WELLINGTON, FL 33467 US**

2 Principal Place of Business - No P.O. Box #

3 Mailing Address

**1701 BARBADOS RD  
LAKE CLARKE SHORES, FL 33406**

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0142871**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DOLBOW, WILLIAM J  
11071 LAUREL WALK ROAD  
WELLINGTON, FL 33467**

## 7. Name and Address of New Registered Agent

Name **JOHN CONNACHER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1701 BARBADOS RD  
LAKE CLARKE SHORES, FL 33406**

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 *John Connacher* **JOHN CONNACHER, VP** **2/5/07**  
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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APOLARO, MICHAEL	
STREET ADDRESS	304 SE INES AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOLBOW, WILLIAM J	
STREET ADDRESS	11071 LAUREL WALK ROAD	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONNACHER, JOHN	
STREET ADDRESS	1701 BARBADOS RD	
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, BRIAN	
STREET ADDRESS	8231 WHITE ROCK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWTHORNE, K. BRUCE	
STREET ADDRESS	319 CLEMENS ST., STE. 402	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MYRICK, WILLIAM	
STREET ADDRESS	661 W. 37TH STREET	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN ALEX	
STREET ADDRESS	107 CORDOBA CIR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNIE WOOD	
STREET ADDRESS	13708 SHEFFIELD ST	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD ARNETTE	
STREET ADDRESS	712 W. JASMINE DR.	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE VASSALOTTI	
STREET ADDRESS	6 VIA ANGELICO	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John Connacher* **JOHN CONNACHER, VP** **2/5/07** **561-439-1766**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #