2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22949

FILED Feb 23, 2009 Secretary of State

Entity Name: PANHANDLE SOCCER REFEREES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LARRY POPE 3530 TYLER AVE

1916 COPLEY DRIVE PENSACOLA, FL 32503 US

PENSACOLA, FL 32503 US

Current Mailing Address: New Mailing Address:

1916 COPLEY DR 3530 TYLER AVE

PENSACOLA, FL 32503 US PENSACOLA, FL 32503 US

FEI Number: 59-3032728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POPE, LARRY KNAUSS, DEREK 1916 COPLEY DRIVE 3530 TYLER AVE

PENSACOLA, FL 32503 US PENSACOLA, FL 32503 US

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: DEREK KNAUSS 02/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

1404 SOUND FOREST DR

GULF BREEZE, FL 32563

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: SD () Delete Title: PD (X) Change () Addition

 Name:
 POPE, LARRY
 Name:
 KNAUSS, DEREK

 Address:
 1916 COPLEY DRIVE
 Address:
 3530 TYLER AVE

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32503

Title: PD () Delete Title: VD (X) Change () Addition

 Name:
 KNEUSS, DEREK
 Name:
 WALTER, MICHAEL

 Address:
 3530 TYLER AVE
 Address:
 2393 WINDSTONE DRIVE

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32526

Title: VD () Delete Title: SD (X) Change () Addition

 Name:
 WALTER, MICHAEL
 Name:
 DE MONTALVO, JORGE

 Address:
 2393 WINDSTONE DRIVE
 Address:
 WEST HIGHWAY 98

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32506

Title: TD () Delete Title: () Change () Addition Name: WYATT, MIKE Name:

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: DEREK KNAUSS PD 02/23/2009