

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35169

FILED
Jan 24, 2007
Secretary of State

Entity Name: HOLLYWOOD OPTIMIST FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

8131 NW 91 TERRACE
MEDLEY, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

3325 GRIFFIN RD
#191
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0213270 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAUST, RUSSELL
3325 GRIFFIN RD STE191
FT LAUDERDALE, FL 33312 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: DT () Delete
Name: FAUST, RUSSELL
Address: 3325 GRIFFIN RD STE191
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: P () Delete
Name: BERGER, STEVEN
Address: 5101 S.W. 109 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DVP () Delete
Name: SPIVEY, MICHAEL L
Address: 16920 NW 33 AVENUE
City-St-Zip: CAROL CITY, FL 33056

Title: DST () Delete
Name: ROLLE, ANGELA
Address: 190 NE 213 ST
City-St-Zip: MIAMI, FL 33179

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 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: RUSSELL FAUST

DT

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date