2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State
06-12-2008 90002 033 ****61.25

DOCUMENT # N35169

1. Entity Name
HOLLYWOOD OPTIMIST FOOTBALL LEAGUE, INC.

600044418

Principal Place of Business	Mailing Address
8131 NW 91 TERRACE MEDLEY, FL 33166 US	3325 GRIFFIN RD #191 FT.LAUDERDALE, FL 33312

06052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16850 NW 33RD CT.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI GARDENS, FL	City & State: SAME
Zip: 33056 Country: MIAMI-DADE USA	Zip: SAME Country: SAME

4. FEI Number 65-0213270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAUST, RUSSELL 3325 GRIFFIN RD STE191 FT LAUDERDALE, FL 33312	Name: CARL J. KINGCADE Street Address (P.O. Box Number is Not Acceptable): 17455 SW 33RD CT City: MIRAMAR FL Zip Code: 33029

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: TREASURER 6-5-08
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 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FAUST, RUSSELL 3325 GRIFFINRD STE191 FT. LAUDERDALE, FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CARL KINGCADE 17455 SW 33rd CT. MIRAMAR FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERGER, STEVEN 5101 S.W. 109 AVE. FORT LAUDERDALE, FL 33328	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL L. SPIVEY 16850 NW 33rd CT. MIAMI GARDENS FL 33056	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SPIVEY, MICHAEL L 16920 NW 33 AVENUE CAROL CITY, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT AL BROWN 4445 NW 41ST Terrace LAUDERDALE LKS FL 33319	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROLLE, ANGELA 190 NE 213 ST MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 6/7/08 786-367-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #