FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

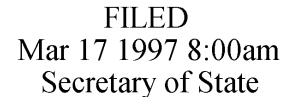
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39869

(5)

TAMARAC FLAG FOOTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address	
6014 NW 78TH WAY TAMARAG FL 33321	8280 N.W. 68TH TERRACE TAMARAC FL 33321-5017	
		3. Date Incorpora 09/11/19
2. Principal Place of Business	2a. Mailing Address	4. FEI Number





				3. Date Incorporated or Qualified 09/11/1990 3a. Date of Last Report 12/13/1996						
2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27		2a. Mailing Address				4. FEI Number		A	pplied For	
					<u>.</u>	65-0251419			ot Applicable	
					5. Certificate of Status Desired	4		Additional equired		
City & Stat	е	City & State				6. Election Campaign Financing	_	\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zıp		untry	i	8. This corporation has liability for			s. 19 9.032,	
4 25 29 30 9. Name and Address of Current Registered Agent			30	т—		Florida Statutes Yes No				
	g. Name and Address of Curren	nt Hegistered Agent		81	Name	10. Name and Address of New R	agistered /	Agent		
				"	ivame					
BRADEN				82 Street Address (P.O. Box Number is Not Acceptable)						
	W. 68TH TERRACE			00	 -					
TAMARA	IC FL 33321			83						
				84	City			85 Zip	Code	
		···					FL			
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statul	tes, the a	bove	-named corporate	poration submits this statement for the tion's board of directors. I hereby acce	purpose of	changing it	ts registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, FI	lorida Sta	tutes	i a a corporat i	norra podra or directors. Thereby acce	prine app	with Healt St	- egisidi eu	
SIGNATURE .										
	Signature, typed or printed name of registered ago			d Age	nt signature requi	ired when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PD	DELETE	1.1 T		Ì			Change	☐ Additio	
NAME	BRADEN, JOE		1.2 N	IAME						
STREET ADDRESS	8280 N.W. 68TH TERRACE		1.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321			ITY-S	T-ZIP					
TITLE	VD	☐ DELETE	2.1 T	ITLE				☐ Change	Addition	
NAME	CLEAVER, ROB		2.2 N	AME	(
STREET ADDRESS	7835 N.W. 718T COURT		2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321			CITY-S	;T-2IP					
TITLE	10	☐ DELETE	3.1 T	ITLE				☐ Change	Addition Addition	
NAME	MCINTYRE, DIANA		32 N	IAME						
STREET ADDRESS	1336 N.W. 65TH TERRACE		335	TREET	ADDRESS					
CITY-ST-ZIP	MARGATE FL 33063		_	CITY-S	T-ZIP					
TITLE	SD	DELETE	4.1 T	ITLE				☐ Change	Addition	
NAME (WARD, KERRY		4.21	NAME	ļ					
STREET ADDRESS	7804 N.W. 69TH TERRACE		4.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321			ITY - \$1	T-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE				☐ Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			53S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	ıty-st	r-21P					
TITLE		☐ DELETE	6.1 T	ITLE	T			Change	☐ Additio	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP			6.4 C	ITY-ST	T-ZIP					
	w certify that the information sypplice	d with this filing dose not quali				d in Section 110 07/3Vi). Florida Statute	on I further	cortify that	tho	

i. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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