2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N39880

Entity Name: SOUTHEAST FOOTBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

1336 SHERMAN AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

854 PLANTATION WAY
PANAMA CITY, FL 32404 US

Current Mailing Address:

PO BOX 36241
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3025075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELTON, BILL
102 SANTEE DR
PANAMA CITY, FL 32404 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: P ( ) Delete
Name: MELTON, BILL
Address: 102 SANTEE DR
City-St-Zip: PANAMA CITY, FL 32404

Title: VP ( ) Delete
Name: GOODMAN, GERALD
Address: 4356 CAREY BLVD
City-St-Zip: CHIPLEY, FL 32428

Title: S ( ) Delete
Name: SAAS, BEN
Address: P.O. BOX 15574
City-St-Zip: PANAMA CITY, FL 32406

Title: T ( ) Delete
Name: WILLIAMS, ED
Address: 850 874-1825
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DARYL, SHINES
Address: 2815 KRYSTAL LEIGH CT
City-St-Zip: PANAMA CITY, FL 32405

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 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: ED WILLIAMS MR 01/21/2008

Electronic Signature of Signing Officer or Director — Date