

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N42198

1. Entity Name
WEST HERNANDO FOOTBALL LEAGUE, INC.



Principal Place of Business
**P.O. BOX 5885
SPRING HILL, FL 34611**

Mailing Address
**P.O. BOX 5885
SPRING HILL, FL 34611**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCFARLAND, ROBERT
7401 LARBERT CT
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCFARLAND, ROBERT
7401 LARBERT CT.
BROOKSVILLE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZINK, MIKE
8185 PAGODA DRIVE
SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDOWELL, CHARLENE
7151 MAPLE DRIVE
WEEKI WACHEE, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'BRIEN, DAWN
4224 PORTILLO ROAD
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCFARLAND, DEBRA
7401 LARBERT COURT
SPRINGHILL, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STRICKLAND, GARY
4270 SURFSIDE CIRCLE
SPRING HILL, FL 34606**

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04/18/07-80017-011 70.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

03/20/2007 (352) 585-6554