

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43644

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA YOUTH FOOTBALL CHEERLEADING, CORP.

**Current Principal Place of Business:**

4560 CARAMBOLA CIR S  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

4560 CARAMBOLA CIR S  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

**FEI Number:** 65-0440320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, DEBORAH  
4560 CARAMBOLA CIR S  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

JONES, DEBORAH PD  
4560 CARAMBOLA CIR S  
COCONUT CREEK, FL 33066 US

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: DEBORAH JONES

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, DEBORAH  
Address: 4560 CARAMBOLA CIR S  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD ( ) Delete  
Name: SIMMONS, RITA  
Address: 2301 S. CONGRESS AVE APT 1214  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD ( ) Delete  
Name: JOSHUA, OLIVE  
Address: 5205 NW 23RD STREET  
City-St-Zip: LAUDERHILL, FL 33313

Title: TD ( ) Delete  
Name: BERRY, LAWANDA  
Address: 3507 OAKS WAY  
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD ( ) Delete  
Name: BARBER-JACKSON, TIFFANY  
Address: 2500 NW 16TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33311

**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:

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: DEBORAH JONES

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date