

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47211

FILED
Feb 09, 2009
Secretary of State

Entity Name: PALMETTO BAY BRONCOS FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

7995 SW 152ND STREET
MIAMI, FL 33157 US

New Principal Place of Business:

7995 SW 152ND STREET
PALMETTO BAY, FL 33158 US

Current Mailing Address:

P.O. BOX 570321
MIAMI, FL 332570321 US

New Mailing Address:

FEI Number: 65-0297860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOWIN, FRANK
8700 SW 159TH STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

GOWIN, FRANK
8700 SW 159TH STREET
PALMETTO BAY, FL 33157 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: _____

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ABERCROMBIE, DAVID
Address: 8500 SW 147TH STREET
City-St-Zip: MIAMI, FL 33158

Title: P () Delete
Name: SCHRAGE, JOSEPH P
Address: 7425 SW 127 ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: GOWIN, ARTHUR F
Address: 8700 SW 159 ST.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: HOWARD, MAUREEN F
Address: 12835 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33176

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:

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: FRANK GOWIN

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date