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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50720

1. Corporation Name
SUNSHINE FOOTBALL OFFICIALS ASSOCIATION, INC.

595582 - 90014 - 38

Principal Place of Business	Mailing Address
~~P.O. BOX 40552~~ ~~ST. PETERSBURG FL 33743~~	P.O. BOX 40552 ST. PETERSBURG FL 33743

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 P.O. Box 370	26 P.O. Box 370	09/03/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3143991 ☐ Applied For ☐ Not Applicable
23 City & State OLDSMAR, FL	28 City & State OLDSMAR FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 34677-0007 25 Country US	29 Zip 34677-0007 30 Country US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMPSON, JERRY I.
4827 7TH AVENUE NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KELLY, PHILLIP		1.2 NAME	LUTHER BAIS	
STREET ADDRESS	2265 INDIAN AVE S		1.3 STREET ADDRESS	1503 - 12TH COURT SE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		1.4 CITY-ST-ZIP	LARGO, FL 33771	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITTAKE, DAN		2.2 NAME		
STREET ADDRESS	1148 MISTWOOD LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DEVRIES, WALLEY		3.2 NAME		
STREET ADDRESS	8134 122ND ST N		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		3.4. CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	BARWICK, JIM		4. 2 NAME	WILLIAM SIMPSON	
STREET ADDRESS	3401 70TH WAY N		4.3 STREET ADDRESS	8013-W. POCAHONTAS AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33710		4.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BARBER, DAVID		5.2 NAME	MIKE SMITH	
STREET ADDRESS	2160 OAK GROVE DR		5.3 STREET ADDRESS	6281-51ST TERRACE N	
CITY-ST-ZIP	CLEARWATER FL 34624		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BATES, ED		6.2 NAME		
STREET ADDRESS	1450 CAROLYN DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: William A DeVries Treasurer 4-15-99 (727) 398-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William A. DeVries