2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N50720

Entity Name: SUNSHINE FOOTBALL OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5302
CLEARWATER, FL 33758 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5302
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-3143991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRY, JOSEPH M
4978 KERNWOOD COURT
PALM HARBOR, FL 34685 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:	VP	( ) Delete
Name:	BLANTON, MICHAEL	
Address:	731 PATRICIA AVENUE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	P	( ) Delete
Name:	LAMB, KENNETH	
Address:	13350 US HWY 19 NORTH	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	S	( ) Delete
Name:	ADKINS, NORMAN	
Address:	915 OAK AVE. E.	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	T	( ) Delete
Name:	SULLIVAN, ED B III	
Address:	420 GULF BLVD. # 505	
City-St-Zip:	INDIAN ROCKS BEACH, FL 33785	
Title:	D	( ) Delete
Name:	BATES, ED	
Address:	1450 CAROLYNLANE	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	BARWICK, JAMES	
Address:	3401 - 70TH WAY NORTH	
City-St-Zip:	ST PETERSBURG, FL 33710	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 B SULLIVAN III T 04/17/2006

Electronic Signature of Signing Officer or Director — Date