

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000162**

1. Entity Name  
**WESTERN AREA FOOTBALL LEAGUE, INC.**



Principal Place of Business  
**1112 WESTON ROAD, PMB #155  
WESTON, FL 33326 US**

Mailing Address  
**3931 S.W. 47TH AVENUE  
SUITE 104  
DAVIE, FL 33314 US**



03092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0553798**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**5. Name and Address of Current Registered Agent**

**SLORP, KIM  
3931 S.W. 47TH AVENUE, #104  
DAVIE, FL 33314**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000146186  
05/03/04-80055-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SROUR, LOUIS
STREET ADDRESS	933 TANGLEWOOD CR
CITY - ST - ZIP	WESTON, FL 33326
TITLE	SD
NAME	SLORP, KIMBERLY
STREET ADDRESS	10690 S.W. 23RD STREET
CITY - ST - ZIP	DAVIE, FL 33324
TITLE	VD
NAME	SLORP, MARK
STREET ADDRESS	10690 SW 23RD ST.
CITY - ST - ZIP	DAVIE, FL 33324
TITLE	TD
NAME	WINGATE, RICK
STREET ADDRESS	555 ANGLERS AVENUE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33312

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IN THIS SPACE**

12. 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 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 #

*Kim Slorp* **Kim Slorp** 4-27-04 954-791-5604