# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# N95000000162

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

**Current Principal Place of Business:**

1112 WESTON ROAD, PMB #155
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 65-0553798** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SLORP, KIM
3931 S.W. 47TH AVENUE, #104
DAVIE, FL 33314 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: | PD | ( ) Delete |
| Name: | SROUR, LOUIS | |
| Address: | 933 TANGLEWOOD CR | |
| City-St-Zip: | WESTON, FL 33326 | |
| Title: | SD | ( ) Delete |
| Name: | SLORP, KIMBERLY | |
| Address: | 10690 S.W. 23RD STREET | |
| City-St-Zip: | DAVIE, FL 33324 | |
| Title: | VD | ( ) Delete |
| Name: | SLORP, MARK | |
| Address: | 10690 SW 23RD ST. | |
| City-St-Zip: | DAVIE, FL 33324 | |
| Title: | TD | ( ) Delete |
| Name: | WINGATE, RICK | |
| Address: | 555 ANGLERS AVENUE | |
| City-St-Zip: | FT. LAUDERDALE, FL 33312 | |

**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 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 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: KIM SLORP SD 04/27/2005

Electronic Signature of Signing Officer or Director — Date