

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003236

FILED  
Feb 12, 2008  
Secretary of State

**Entity Name:** FLORIDA RUGBY UNION, INCORPORATED

**Current Principal Place of Business:**

6250 PARKERS HAMMOCK  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

6250 PARKERS HAMMOCK  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 59-3443520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLADEN III, JAMES T  
1500 SAN REMO  
SUITE 145  
CORAL GABLES, FL 33146 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: DEVONPORT, JOHN  
Address: 2550 NW 49TH STREET  
City-St-Zip: BOCA RATON, FL 33434

Title: VD ( ) Delete  
Name: WILLIAMS, FRANKLYN  
Address: 8205 SW 63RD COURT  
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete  
Name: BARLOW, RAEALYN  
Address: 2356 SW 16TH AVENUE, 1ST FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Delete  
Name: DOWLING HAMMER, JESSICA  
Address: 1730 NW 21ST COURT  
City-St-Zip: DELRAY, FL 33445

Title: TD ( ) Delete  
Name: O'DONNELL, LISA  
Address: 6250 PARKERS HAMMOCK  
City-St-Zip: NAPLES, FL 34112

**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:

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: LISA O'DONNELL

TRES

02/12/2008

Electronic Signature of Signing Officer or Director

Date