

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003236

FILED
Feb 08, 2009
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:

ODONNELL, LISA L
6250 PARKERS HAMMOCK
NAPLES, FL 34112 US

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: LISA O'DONNELL

02/08/2009

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

TD

02/08/2009

Electronic Signature of Signing Officer or Director

Date