## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

CITY-ST-ZIP

N96000004072 (2)

FLANAGAN HIGH SCHOOL FALCON FOOTBALL CLUB, INC.

Principal Place of Business Mailing Address 2230 NW 93RD AVE 2230 NW 93RD AVE 3. Date Incorporated or Qualified PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 08/02/1996 4. FEI Number Applied For 65-0667538 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? **⊠** No 23 28 ☐ Yes Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 BERGER, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 2230 NW 93RD AVE **PEMBROKE PINES FL 33024** 83 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PROVOST, JUDY NAME 1.2 NAME 1533 FAIRWAY ROAD STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE COHEN, HOWARD NAME 2.2 NAME **1431 NW 113TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE WALKER, ROBERT NAME 3.2 NAME 8630 SW 3RD ST STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BERGER, JOSEPH E NAME 4. 2 NAME 2230 NW 93RD AVE STREET ADDRESS 4.3 STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **TULLY, PATRICIA** NAME 5.2 NAME STREET ADDRESS 1185 NW 92 AVE **5.3 STREET ADDRESS** PEMBROKE PINES FL 33024 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if chapter on an attachment with an address. (454) 421-2000

**FILED** 

May 14 1998 8:00am

Secretary of State