

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006166

1. Entity Name

THE FLORIDA LEAGUE OF THE SOUTH, INC.



Principal Place of Business

524 COLE RD
JACKSONVILLE, FL 32218

Mailing Address

524 COLE RD
JACKSONVILLE, FL 32218



02022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0713080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUBBS, MICHAEL
524 COLE RD
JACKSONVILLE, FL 32218

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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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COLE, M. JOSEPH
STREET ADDRESS 1129 CHEROKEE AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D
NAME ALOISIO, PETER
STREET ADDRESS 3055 CORAL VINE LA.
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D
NAME WALKER, STEPHEN
STREET ADDRESS 4633 SAPHO AVE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME TUBBS, VICKI
STREET ADDRESS 524 COLE RD
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000826740
02/21/08-80062-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Vicki Tubbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Feb 08

Date

(904) 757-9946

Daytime Phone #