FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001332

1. Corporation Name

COCONUT CREEK FOOTBALL PROGRAM CORPORATION

Principal	P	ŀ	30	ю	of	В	usiness	

Mailing Address

6167 NAVAJO TERRACE MARGATE FL 33063 6167 NAVAJO TERRACE MARGATE FL 33063

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90093 006 ****70.00

|--|

				I (Bellik) ein järri jegu entit sam marri	, 98(II Bhist 11859 11100 1141	•
2. Principal Pl	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/04/1997	,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	-4:-FEI Number	Appl	ied For
22		27	•	52-2037110	Not a	Applicable
City & State	е .	City & State		5. Certificate of Status Desired	(\$8.75 Ad	
23				7	Fee Requ	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 M	- 1
24	25		0	Trust Fund Contribution	Added to	rees .
	9. Name and Address of Current	t Registered Agent	81 Name (10. Name and Address of New Regis	stered Agent	
		•	or Name	Kimberley Kandai	055	
randazz	O, PHILIP J		82 Street	Address (P.O. Box Number is Not Acceptable)		
6167 NAV	AJO TERRACE		83	167 Navajo Terrac	<u> </u>	
MARGATE	FL 33063		83	•		•
			84 City	Largate	FL 85 Zip Co	563
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the purp	ose of changing its m	egistered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	norized by the corpo	oration's board of directors. I hereby accept the	appointment as regi	stered
	m familiar widthand accept the bongar	A COLORADA	- TV	Pasure V	1/23/49	<i>i</i> . I
SIGNATURE	Signature, typed or printed name of regulated ages	t and title if applicable. (NOTE: Re	egistered Agent signature re	equited writin remarkably	DATE	
12.	OFF ERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	VP .	DELETE	1.1 TITLE	•	Change	Addition
NAME	randazzo, Philip		1.2 NAME	•	•	l
STREET ADDRESS	6167 NAVAJO TERRACE		1.3 STREET ADDRESS	· .	*	ĺ
CITY-ST-ZIP	MARGATE FL 33063	_	1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	President	Change	Addition
NAME	SINEL ROSS	and the second s	2.2 NAME	Ross Sinel a lar	1- 30th	-
STREET ADDRESS	6574 N. STATE ROAD 7 SUITE	294	2.3 STREET ADDRESS	6574 n. State Road 75	mre 299	. [
CITY-ST-ZIP	COCONUT CREEK FL 33073		2. 4 CITY-ST-ZIP	Coconut Creek, FC	<u>. 33013 .</u>	
TITLE	D	· DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	ADKINS, JENNA		3.2 NAME	·		
STREET ADDRESS	3471 N.W. 20 STREET		3.3 STREET ADDRESS	•	,]
CITY-ST-ZIP	COCONUT CREEK FL 33073		3.4. CITY-ST-ZIP	·	*	
TITLE	D	☐ DELETE	4.1 TITLE ·		Change	Addition
NAME	SINEL, DAWN		4.2 NAME			1
STREET ADDRESS	6574 N. ST. ROAD 7 #294	•	4.3 STREET ADDRESS]
CITY-ST-ZIP	COCONUT CRÉEK FL 33073		4.4 CITY-ST-ZIP	·		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAMÉ .	randazzo, kimberley		5.2 NAME		•	
STREET ADDRESS	6167 NAVAJO TERRACE		5.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAMÉ		•	6.2 NAME		•	,
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY-ST-7IP			

CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTIPE NAME OF SIGNING OFFICER OF OFFICER OFFICER OF OFFICER OFFICER

9543448420 Daytime Phone # _CR2E037 (11/9