

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001332

**FILED**  
**May 09, 2004**  
**Secretary of State****Entity Name:** COCONUT CREEK FOOTBALL PROGRAM CORPORATION**Current Principal Place of Business:**6574 N SR 7  
#156  
COCONUT CREEK, FL 33073**New Principal Place of Business:****Current Mailing Address:**6574 N SR 7  
#156  
COCONUT CREEK, FL 33073**New Mailing Address:****FEI Number:** 52-2037110      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BECKER, DAVID  
5342 FLAMINGO COURT  
COCONUT CREEK, FL 33073**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: SINEL, ROSS  
Address: 6767 SALTAIRE  
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete  
Name: VECCHARELLA, VINCE  
Address: 5171 NW 50 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete  
Name: SINEL, DAWN  
Address: 6767 SALTAIRE  
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete  
Name: BECKER, DAVID  
Address: 5342 FLAMINGO COURT  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD ( ) Delete  
Name: ALI, KIM  
Address: 3379 NW 47 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID J BECKER

TD

05/09/2004

Electronic Signature of Signing Officer or Director

Date