2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004975

Entity Name: PARKLAND FLAG FOOTBALL LEAGUE, INC.

FILED Mar 20, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MYERS 4TH PLACE), FL 33067		11163 NW	C/O THOMAS FERGUSON 11163 NW 69TH PLACE PARKLAND, FL 33076		
Current Ma	ailing Address	:	New Mailir	New Mailing Address:		
	MYERS 4TH PLACE), FL 33067		11163 NW	C/ O THOMAS FERGUSON 11163 NW 69TH PLACE PARKLAND, FL 33076		
FEI Number:	FEI Number: 65-0860144 FEI Number Applied For() FEI Nu		l Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Name and Address of New Registered Agent:		
WICH, THOMAS 2400 EAST COMMERCIAL BLVD. SUITE 620 FORT LAUDERDALE, FL 33308 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:						
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DSEC () E SADER, BOB 10902 NW 70TH PARKLAND, FL		Title: Name: Address: City-St-Zip:	VP D (X) CI FERGUSON, THOI 11163 NW 69TH F PARKLAND, FL 3	PLACE	
Title: Name: Address: City-St-Zip:	PD () E MYERS, KEVIN 9817 N.W. 64TH PARKLAND, FL		Title: Name: Address: City-St-Zip:	S D (X) CI ROMANCE, TERR 10239 NW 62ND 0 PARKLAND, FL 3	COURT	
Title: Name: Address: City-St-Zip:	WICH, THOMAS	Delete MERCIAL BLVD. #620 ALE, FL 33308	Title: Name: Address: City-St-Zip:	() CI	nange()Addition	
Title: Name: Address: City-St-Zip:	D () E ROSEN, RICK 3751 NW 71ST S COCONUT CREE		Title: Name: Address: City-St-Zip:	D (X) CI GAFFNEY, SCOTT 11319 NW 65TH V PARKLAND, FL 3	VAY	
Title: Name: Address: City-St-Zip:	D () E LEHR, GARY 5930 NW 100 W/ PARKLAND, FL		Title: Name: Address: City-St-Zip:	() CI	nange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS M WICH DIR 03/20/2007

() Delete

FITZSIMMONS, BILL

PARKLAND, FL 33076

6526 NW 97 DRIVE

Name:

Address:

City-St-Zip:

(X) Change () Addition

FITZSIMMONS, BILL

6526 NW 97 DRIVE

PARKLAND, FL 33076