

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# N99000005422

Entity Name: WEST PINES UNITED FUTBOL CLUB, INC.

Current Principal Place of Business:

P O BOX 821443
PEMBROKE PINES, FL 33082

New Principal Place of Business:

Current Mailing Address:

P O BOX 821443
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 65-0949896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, MARJORIE
5521 SW 44 TERRACE
DANIA BEACH, FL 33314 US

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: FERGUSON, FRANKLIN
Address: 20 NW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD () Delete
Name: PERRY, MARGE
Address: 5521 SW 44 TERRACE
City-St-Zip: DANIA BEACH, FL 33314

Title: VD () Delete
Name: MARCH, ANTHONY
Address: 12000 NW 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: TODD, GOODMAN
Address: 1038 SW 191 LANE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: RD () Delete
Name: LOURDES, BARBOZA
Address: 18708 SW 47 LANE
City-St-Zip: MIRAMAR, FL 33029

Title: SD () Delete
Name: PETE, MCGILL
Address: 18584 NW 22 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODMAN, TODD
Address: 1038 SW 191 LANE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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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 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.

SIGNATURE: TODD GOODMAN

PD

08/31/2006

Electronic Signature of Signing Officer or Director

_____ Date