

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 28, 2007  
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:**

16184 SW 16TH STREET  
PEMBROKE PINES, FL 33027

**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: GOODMAN, TODD  
Address: 1038 SW 191 LANE  
City-St-Zip: PEMBROKE PINES, FL 33029

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:      ( ) 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:

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 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

08/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date