

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066031

FILED
Aug 23, 2007
Secretary of State

Entity Name: SOUTHERN INDEPENDENT CONFERENCE OFFICIALS ALLIANCE, INC.

Current Principal Place of Business:

PO BOX 47651
TAMPA, FL 33647

New Principal Place of Business:

11716 NORTH 58TH STREET
TAMPA, FL 33617

Current Mailing Address:

PO BOX 47651
TAMPA, FL 33647

New Mailing Address:

11716 NORTH 58TH STREET
TAMPA, FL 33617

FEI Number: 73-1625141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, JOHN
11716 NORTH 58TH STREET
TAMPA, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUGO, CHARLES
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: WOOLDRIDGE, DAVID
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: FULMER, ROBERT
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: DAIGLE, SCOTT
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: WALTERS, JOHN
Address: 11716 NORTH 58 STREET
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MERRIN, JEFF
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KIRSCHNER, RANDY
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: CRISWELL, WILLIAM
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

Title: VD (X) Change () Addition
Name: MERRIN, JEFF
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

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

Title: VD (X) Change () Addition
Name: WEST, AARON
Address: PO BOX 47651
City-St-Zip: TAMPA, FL 33647

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WALTERS

D

08/23/2007

Electronic Signature of Signing Officer or Director

Date