

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006521

**FILED**  
**Sep 22, 2016**  
**Secretary of State**  
**CC4368379915**

**Entity Name:** SOUTH FLORIDA DOLPHINS ADULT AMATEUR FOOTBALL TEAM INC.

**Current Principal Place of Business:**

500 SW 108TH AVE  
204  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

500 SW 108TH AVE  
204  
PEMBROKE PINES, FL 33025 US

**FEI Number: 27-3112142**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARKER, LARRY  
500 SW 108TH AVE  
204  
PEMBROKE PINES, FL 33025 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

**Officer/Director Detail :**

Title D  
Name PARKER, LARRY  
Address 2900NW157ST  
City-State-Zip: MIAMI FL 33169

Title O  
Name LARRY, PARKER  
Address 2900NW157ST  
City-State-Zip: MIAMI FL 33054

Title O  
Name LARRY, PARKER  
Address 2900NW157ST  
City-State-Zip: MIAMI FL 33054

Title O  
Name DONNELL, PARKER  
Address 2900NW157ST  
City-State-Zip: MIAMI FL 33054

Title D  
Name LARRY PARKER  
Address 2900NW157ST  
City-State-Zip: MIAMI FL 33054

Title D  
Name LARRY PARKER  
Address 900NW157ST  
City-State-Zip: MIAMI FL 33054

*I hereby 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 all other like empowered.*

**SIGNATURE: LARRY PARKER**

**ONWER**

**09/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date