

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$285)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 721648 (4)

1. Corporation Name
LITTLE YANKEE BOYS' FOOTBALL LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2800 SW 28TH STREET 2800 SW 28TH STREET
 POST OFFICE BOX 21135 POST OFFICE BOX 21135
 FT. LAUDERDALE FL 33335-8135 FT. LAUDERDALE FL 33335-8135

3. Date Incorporated or Qualified 3a. Date of Last Report
09/07/1971 **07/18/1994**
 4. FEI Number Applied For
23-7129143 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 20
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RANTANEN, CYNTHIA A.
1731 SW 32ND ST.
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE: *[Signature]* *[Signature]* *[Signature]*
 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLISON, RICK
STREET ADDRESS	1122 NE 4TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	KESSLER, BETH
STREET ADDRESS	2800 SW 28TH ST - P O #21135 N/A
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	TD
NAME	BURRIER, VICKI
STREET ADDRESS	157 FIESTA WAY
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	RANTANEN, CYNTHIA
STREET ADDRESS	1845 SW 3RD AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date (Type in Date #)

CR2E037 (3/95)