FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(3)

Mailing Address

AUBURNDALE YOUTH FOOTBALL LEAGUE, INC.

FILED Feb 03 1998 8:00am Secretary of State

P.O. BOX 2131 AUBURNDALE FL 33823		P.O. BOX 2131 AUBURNDALE FL 33823		3. Date Incorporated or Qualified	1	
AUDUNIVACE	FE 90023	AUDURNUALE PL 33023		06/08/1982		
ļ				4. FEI Number	Applied For	
				59-2157517	Not Applicable	
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired S	8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & Stat	.	City & State		7. Is this nonprofit corporation a homeowners as:		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	year Intangible	
24	25	29 30		Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
OPP KRIM						
ORR, KEVIN			82 Street	Address (P.O. Box Number is Not Acceptable)		
319 BOLENDER RD				195 State Rd Less		
AUBURNDALE FL 33823			83			
			84 City (- Zin Code	
				tubushdale FL 8	132822 1	
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						
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE CASO! Tanes Cause Tanes (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	PD	DELETE.	1.1 TITLE	PD	Change	
NAME	orr, kevin		1.2 NAME	General Gaskin		
STREET ADDRESS	319 BOLENDER RD		1.3 STREET ADDRESS	3001 Jasmine Bd		
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST-ZIP	Auburndale F1 33823		
TITLE	VD	⊠ DELETE	2.1 TITLE		Change	
NAME	GASKINS, GENERAL		2.2 NAME	Rhonda Cancino		
STREET ADDRESS	3001 JASMINE RD		2.3 STREET ADDRESS	1530 Auburn Circle		
CITY-ST-ZIP	AUBURNDALE FL 33823		2. 4 CITY-ST-ZIP	Auburndale FL. 33823		
TITLE	T	DELETE	3.1 TITLE		Change	
NAME	FANNER, CAROL A		3.2 NAME		Ì	
STREET ADDRESS	1395 STATE RD 655		3.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823		3.4. CITY-ST-ZIP			
TITLE	SD	⊠ DELETE	4.1 TITLE		Change Addition	
NAME	STEPHENSON, MARY		4. 2 NAME	Cynthia Gaskin	İ	
STREET ADDRESS	1516 AUBURN OAK CIRCLE		4.3 STREET ADDRESS	Cynthia Gaskin 3001 TASMINE Rd		
CITY-ST-ZIP	AUBURNDALE FL 33823		4.4 CITY-ST-ZIP	Auburndale FL.33823	1	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	_		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			0.0 STREET WOUNESS		ľ	
L'STY_CT_710			0.40m2 cm mm			
	ertify that the information supplied wit	h this filing does not qualify for the	6.4 City-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify	that the information	