NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address	
P.O. BOX 2131 AUBURNDALE FL 33823	
	
	P.O BOX 2131

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90142 016 ****61.25

	1999	13.11.6	DIVISION OF C	ORPORATIONS		03-16-1999 901	42 016 ***	*61.25
	MENT # 76	3610						
AUBURN	DALE YOUTH FO	OTBALL LEAGUE	. INC.					
7,0001111	DIEL TOOM TO	- 10/122 22.100	,			201401 - 200	00 - 19	
Principal Place	e of Business	Mail	ing Address					
P.O. BOX 2131			BOX 2131			1 1000 H		
AUBURNDALE	FL 33823	AUB	URNDALE FL 33823					
2. Principal P	lace of Business	2a. I	Mailing Address		Ì	3. Date Incorporated or Qualifed		İ
21		26				06/08/1982		died For
Suite, Apt.	#, etc.	——————————————————————————————————————	Suite, Apt. #, etc			4. FEI Number 59-2157517		Applicable
22	<u> </u>	27	City & State				\$8.75 A	
City & Stat		28				5. Certificate of Status Desired	Fee Rec	
Zip	Country		Z _I p	Country		6. Election Campaign Financing	\$5.00	мау Ве
24	25			30		Trust Fund Contribution	Added to	Fees
	9. Name and Addre	ss of Current Registe	red Agent	81 Name		10. Name and Address of New Registerer	J Agent	
					La	ncino, Khonda		
orr, kev				82 Street	Addres	s (P.O. Box Number is Not Acceptable)	ام	
319 BOLE				83	222	auburn baks circ	18_1	
AUBURND	ALE FL 33823				(lul	ourndale		
				84 City		F	L 85 Zip C	සී්දු 3
11. Pursuant	to the provisions of Sect	ions 617.0502 and 617	7.1508, Florida Statute	s, the above-named	d corpora	ation submits this statement for the purpose of board of directors. I berely accept the app	changing its	registered
office or r	registered agent, or both, im familiar with, and acce	in the State of Florida	. Suco coande was au	thonzed by the cort	poration'	s board of directors. I hereby accept the app	ointment as reg	ISIGICO
SIGNATURE	(4 non0	Carri	· • · · · · · · · · · · · · · · · · · ·			03/01/99		
	Signature, typed or printed name		··	Registered Agent signature	e lediming m	ADDITIONS/CHANGES TO OFFICERS A	NO DIPECTOR	25 IN 12
12.	,	FFICERS AND DIREC	DELETE	13	Dee	sident/ vice President		Addition
TITLE NAME	VD CANCINO, RHONDA		- DELETE	12 NAME		i Ohaada.	_)
STREET ADORESS				13 STREET ADDRESS	s 153	3 auburn Caks Circle	² D	
CITY-ST-ZIP	AUBURNDALE FL 33	1823		14 CITY-ST-ZIP	10,1	burndale, Fl. 3382	3	
TITLE	PD		DELETE	21 TITLE	-	asurer	Change	Addition
NAME	GASKINS, GENERAL			22 NAME	SI	nerron Lofquist	_	1
STREET ADDRESS				2.3 STREET ADDRESS	s īš	39 Buckery Road	D	
CITY-ST-ZIP	AUBURNDALE FL 33	823		2 4 CITY-ST-ZIP	(1)	nt. 01. 32843		Addition
TITLE	T		DELETE	31 TITLE	<u>5</u> e	cretagis,	Change	TR Angroom
NAME	FANNER, CAROL A			3 2 NAME		ndra Bush Sunny Roxal		
STREET ADDRESS	1:		-	33 STREET ADDRESS		keland, FJ. 33801	,	}
CITY-ST-ZIP	AUBURNDALE FL 33	823	(X DELETE	34 CITY-ST-ZIP 41 BTLE	100	erleading Coordinator	Change	Addition
NAME	SD GASKIN, CYNTHIA		A second	4 2 NAME	Opi	nil Stone Green Street		-
STREET ADDRESS				4 3 STREET ADDRESS	s 217	Green Street	\Box	
CITY-ST-ZIP	AUBURNDALE FL 33	1823		44 CITY-ST-ZIP	aub	urndale, Fl. 33823		
TITLE	71000741072272		☐ DELETE	51 TITLE		<u> </u>	☐ Change	☐ Addition
NAME				52 NAME				
STREET ADDRESS				5.3 STREET ADDRESS	S			
CITY-ST-ZIP				54 CITY-ST-ZIP	-		☐ Change	Addition
TITLE			☐ DELETE	61 TITLE 62 NAME			C cusude	,0,0,0
NAME	1			6.3 STREET ADDRESS	,			1
STREET AOORESS	1			64 CITY-ST-ZIP	1			-
CITY, ST. 7IP	1			u + Di i / 'U i * 4#	1			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(i)), 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, with all other like empowered.

21	CNI	AT	IID	

GNATURE:	SIGNATURE AND TYPED OF PRI	INTED NAME OF SIGNING OFFICER OR DIRECTOR
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