FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 2:09

DOCUMENT # **N26887** **(2)**

1. Corporation Name

HEARTLAND YOUTH FOOTBALL INC.

Principal Place of Business	Mailing Address
5341 LIME RD SEBRING FL 33872	5341 LIME RD SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 06/02/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

WEED, JAMES L., JR
5341 LIME RD
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	WEED, JAMES L., JR.	12 NAME	DONNA BRYAN
STREET ADDRESS	5341 LIME DRIVE	13 STREET ADDRESS	2755 HIGHWAY #98 EAST
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	FORT MEADE - FL - 33841
TITLE	VP	21 TITLE	~~D~~ ☐ Change ☒ Addition
NAME	WHITE, BARRY	22 NAME	
STREET ADDRESS	RT 3 23 BAKER ST	23 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	24 CITY-ST-ZIP	D
TITLE	TSD	31 TITLE	D ☐ Change ☒ Addition
NAME	BARBER, DEBORAH	32 NAME	BOBBY LEE
STREET ADDRESS	439 SHOCKLEY RD.	33 STREET ADDRESS	1058 ORIOLE ST.
CITY-ST-ZIP	AVON PARK FL	34 CITY-ST-ZIP	LAKE PLACID - FL - 33852
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Deborah Barber 2/2/95 (813) 453-4825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
DEBORAH BARBER (SEC'Y TREAS./DIR.) (813) 385-2346 (JIM WEED AGENT)