

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26887

FILED
May 16, 2006
Secretary of State

Entity Name: HEARTLAND YOUTH FOOTBALL INC.

Current Principal Place of Business:

604 N. VOIGHT AVE.
FORT MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

604 N. VOIGHT AVE.
FORT MEADE, FL 33841 US

New Mailing Address:

FEI Number: 65-0681710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVERY, EUGENE M JR.
604 N. VOIGHT AVE.
FORT MEADE, FL 33841 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVERY, EUGENE M JR.
Address: 604 N. VOIGHT AVE.
City-St-Zip: FORT MEADE, FL 33841 US

Title: VPD () Delete
Name: LAMMIE, LORRI
Address: 8 VICTORY WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: DICK, RICHARD
Address: 2000 MORNINGSIDE ROAD
City-St-Zip: AVON PARK, FL 33825

Title: SD () Delete
Name: BEACH, PHYLLIS
Address: 325 WASHINGTON BLVD.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EUGENE M. EVERY JR

PD

05/16/2006

Electronic Signature of Signing Officer or Director

Date