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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N31430 (4)

1. Corporation Name
AVON PARK YOUTH FOOTBALL, INC.

Principal Place of Business Mailing Address

P O BOX 1877 AVON PARK FL 33825 **P O BOX 1877 AVON PARK FL 33825**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1989** 3a. Date of Last Report **09/27/1994**

4. FEI Number **59-2381111** 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

9. Name and Address of Current Registered Agent

**BARBER, DEBBIE
439 E SHOCKLEY RD
AVON PARK FL 33825**

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 Deborah Barber (DEBORAH BARBER) **3/31/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIBBY, THOMAS
STREET ADDRESS	4387 E. KEVIN RD.
CITY - ST - ZIP	AVON PARK FL 33825
TITLE	VD
NAME	ANDERSON, TONY
STREET ADDRESS	1208 MELODY LANE
CITY - ST - ZIP	SEBRING FL 33870
TITLE	TD
NAME	BARBER, DEBBIE
STREET ADDRESS	439 E SHOCKLEY RD
CITY - ST - ZIP	AVON PARK FL
TITLE	SD
NAME	TRINDER, VICTORIA
STREET ADDRESS	11 W. WOLF STREET
CITY - ST - ZIP	AVON PARK FL 33825
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD DENNISON, CHRIS
1.3 STREET ADDRESS	2523 W. LITTLE
1.4 CITY - ST - ZIP	AVON PARK, FL 33825
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD GREEN, RAY
2.3 STREET ADDRESS	2751 S.R. 17 South
2.4 CITY - ST - ZIP	AVON PARK, FL 33825
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD STYLES, TAMMY
4.3 STREET ADDRESS	5277 CB 64 E
4.4 CITY - ST - ZIP	AVON PARK, FL 33825
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: Deborah Barber **3/31/95 (813) 453-4825**

Signature and typed or printed name of signing officer or director Date Time/Phone #

DEBORAH A. BARBER - TREAS./DIR.