

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified **03/30/1989** 3a. Date of Last Report **04/27/1995**

21. Principal Place of Business 2534 W. RAVEN RD.	2a. Mailing Address 2534 W. RAVEN RD.	4. FEI Number 59-2381111	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State AVON PARK FL	28. City & State AVON PARK, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip FL	25. Country	29. Zip 33825	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BARBER, DEBBIE
439 E SHOCKLEY RD
AVON PARK FL 33825

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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENNISON, CHRIS 2523 W. LITTLE AVON PARK FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREEN, RAY 2751 S.R. 17 SOUTH AVON PARK FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARBER, DEBBIE 439 E SHOCKLEY RD AVON PARK FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STYLES, TAMMY 5277 C.R. 64 E. AVON PARK FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
			PD LIBBY, THOMAS 4387 E. KEVIN RD. AVON PARK, FL 33825
			VD DENNISON, CHRIS 2523 W. LITTLE AVON PARK, FL 33825
			TD PEARLMAN, DOREEN 2534 W. RAVEN RD. AVON PARK, FL 33825
			SD MUNDO, VICKI 7680 E. HORSE HAMMOCK RD. AVON PARK, FL 33825

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)(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: Doreen J Pearlman Date: 1-18-96 Daytime Phone #: 453-5656

CR2E037 (12/95)