

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31430 (4)
1. Corporation Name
AVON PARK YOUTH FOOTBALL, INC.



Principal Place of Business P.O. BOX 218 AVON PARK FL 33825 US	Mailing Address P.O. BOX 218 AVON PARK FL 33825 US
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3. Date Incorporated or Qualified 03/30/1989		
4. FEI Number 59-2381111	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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: Doreen J Pearlman
82 Street Address (P.O. Box Number is Not Acceptable): 2534 W. Raven Rd
83
84 City: Avon Park FL 85 Zip Code: 33825**

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: *Doreen J Pearlman* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, GREGORY A	1.2 NAME	
STREET ADDRESS	2534 W. RAVEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURLEY, DAVID	2.2 NAME	
STREET ADDRESS	509 E OAK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	TDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, DOREEN	3.2 NAME	
STREET ADDRESS	2534 W. RAVEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTEN, LINDA	4.2 NAME	
STREET ADDRESS	2338 W FISHER	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MIKE	5.2 NAME	
STREET ADDRESS	301 S. WELLS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDO, VICKI	6.2 NAME	
STREET ADDRESS	7680 E HORSE HAMMOCK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* 941-471-1727

CR2E037 (10/97)