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 May 04, 1999 8:00 am  
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31430**

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/30/1989</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2381111</b>
22 City & State	27 City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEARLMAN, DOREEN J. 2534 W RAVEN RD AVON PARK FL 33825.		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>SAME AS ABOVE</b>
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Wesley Cook VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURLEY, DAVID	2.2 NAME	<b>511 E Ash st</b>
STREET ADDRESS	509 E OAK ST	2.3 STREET ADDRESS	<b>Avon Park FL 33825</b>
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	TDS <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MIKE	5.2 NAME	<b>Sheena Barcinas</b>
STREET ADDRESS	301 S. WELLS AVE	5.3 STREET ADDRESS	<b>2445 W. Haviland Rd T</b>
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	<b>Avon Park FL 33825</b>
TITLE	T <input type="checkbox"/> DELETE	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	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* **REDACTED** 941-453-4855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)