


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90190 040 ****61.25

DOCUMENT # N31430

1. Entity Name
AVON PARK YOUTH FOOTBALL, INC.



Principal Place of Business
**P.O. BOX 218
 AVON PARK, FL 33825 US**

Mailing Address
**821 LAKE ANGELO DRIVE
 AVON PARK, FL 33825 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 218
 Suite, Apt. #, etc.

City & State
Avon Park FL

City & State
Avon Park FL

Zip
33825

Country
Highlands



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2381111

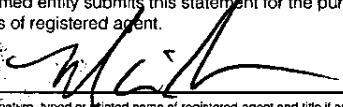
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**USINA, CHRIS
 821 LAKE ANGELO DRIVE
 AVON PARK, FL 33825**

7. Name and Address of New Registered Agent
 Name **Melanie Jackson**
 Street Address (P.O. Box Number is Not Acceptable)
2467 W. Raven Rd.
 City **Avon Park FL** Zip Code **33825**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-28-04**

(NOTE: Registered Agent signature required when reinstating)

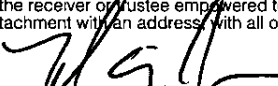
Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	PREVATT, JIM 4200 E. OLD BOMBING RANGE RD. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	
TITLE D	SHANNON HENDRIX P.O. BOX 1075 AVON PARK FL 33825		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	USINA, CHRIS 821 LAKE ANGELO DRIVE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	
TITLE S	JACKSON, MELANIE 2467 W RAVEN RD. AVON PARK, FL 33825	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	MACCORNOK, TRACY 606 S. ANGELO LAKE RD. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE BMT	BIVENS, MELANIE 2917 GROUPEY DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	LEE, ALLEN 934 W WALNUT STREET AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete	
TITLE C	WADE JACKSON 2467 W. Raven Rd, Avon Park FL 33825		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C	NORISSA SULLIVAN 2382 Camelto Rd Avon Park FL 33825		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **4/28/04** DAYTIME PHONE #: **863-784-7015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR