


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90288 029 ****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
P.O. BOX 218
AVON PARK, FL 33825 US

20042172



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

3. Mailing Address
Suite, Apt. #, etc.

04172005 Chg-NP CR2E037 (10/03)

City & State
City & State

4. FEI Number
59-2381111

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

JACKSON, MELANIE
2467 W. RAVEN RD
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name **Shannon Hendrix**
Street Address (P.O. Box, Number is Not Acceptable)
2 Forest Hills Drive
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 *Shannon D Hendrix* DATE **4-18-05**

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

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, SHANNON	
STREET ADDRESS	P.O. BOX 1075	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	S	<input type="checkbox"/> Delete
NAME	WASHINGTON, RAMONA	
STREET ADDRESS	2063 N. SAGINAW RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	PM	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MELANIE	
STREET ADDRESS	2467 W RAVEN RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KIRK, GLORIA	
STREET ADDRESS	3080 W. RENSEN RD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, WADE	
STREET ADDRESS	2467 W. RAVEN RD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, NORISSA	
STREET ADDRESS	2382 CAMELTO RD	
CITY-ST-ZIP	AVON PARK, FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendrix, Shannon	
STREET ADDRESS	2 Forest Hills Drive	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dick, Richard	
STREET ADDRESS	2000 Morningside Road	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kremnitzer Wendy	
STREET ADDRESS	841 Fielder Blvd	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Branstein, Kim	
STREET ADDRESS	3315 E Avon Pinos Road	
CITY-ST-ZIP	Avon Park, FL	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dick, Pam	
STREET ADDRESS	2000 Morningside Road	
CITY-ST-ZIP	Avon Park, FL 33825	

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: *Shannon D Hendrix* **Shannon D Hendrix** DATE: **4-18-05** DAYTIME PHONE #: **863-443-0984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #