


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 010 ****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

40047467



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302006 Chg-NP CR2E037 (11/05)

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
HENDRIX, SHANNON
2 FOREST HILLS DRIVE
AVON PARK, FL 33825

7. Name and Address of New Registered Agent
 Name **Richard Dick**
 Street Address (P.O. Box Number is Not Acceptable) **2000 Morningside Rd.**
 City **Avon Park** FL **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 *Richard Dick* DATE **3-28-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	D HENDRIX, SHANNON P.O. BOX 1075 AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Perry, Delbra 312 Ben Hicks St Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, RAMONA 2063 N. SAGINAW RD. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICK, RICHARD 200 MORNINGSIDE ROAD AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Dick, Richard 2000 Morningside Rd. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREMNITZER, WENDY 841 FIELDER BLVD SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRONSTEIN, KIM 3315 E AVON PINES ROAD AVON PARK, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Williams, Jeff 63 A. Miracle Ave. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DICK, PAM 200 MORNINGSIDE ROAD AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dick, Pamela 2000 Morningside Rd Avon Park, FL 33825

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Pamela Dick* DATE: **3-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #