

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000755

**Entity Name:** MIDFLORIDA YOUTH FOOTBALL AND CHEERLEADING  
CONFERENCE, INC.**Current Principal Place of Business:**710 ROSA L. JONES DRIVE  
COCOA, FL 32922**Current Mailing Address:**PO BOX 3221  
WINTER HAVEN, FL 33885**FEI Number: 41-2227448****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOINS, JAMES  
710 ROSA L. JONES DRIVE  
COCOA, FL 32922 US*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.***SIGNATURE:** JAMES GOINS

03/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER 1  
Name           RILEY, BERNITA  
Address       1357 EAGLE CREST BLVD  
City-State-Zip: WINTER HAVEN FL 33881

Title           SECRETARY 1  
Name           CORTEZ, PEGGY  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title           EXEC VP. FOOTBALL  
Name           HENDERSON, DEMARCO  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title           CURRENT PRESIDENT  
Name           BROWN, SHETINA  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title           PAST PRESIDENT  
Name           FABIAN, ROSS  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title           BUSINESS MANAGER  
Name           GOIN, JAMES ALEX  
Address       710 ROSA L. JONES DR  
City-State-Zip: COCOA FL 32922

Title           EXEC VP. CHEER  
Name           JOHNSON, TINA  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title           TREASURER 2  
Name           MCKINNON TUTSON, ANGELA  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BERNITA J RILEY

TREASURER 1

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PUBLIC RELATIONS 1  
Name FELTON, NIKISHA  
Address PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title SECRETARY 2  
Name OPEN, OPEN  
Address PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title PUBLIC RELATIONS 2  
Name SAMUEL, LADONNA  
Address PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

Title BUSINESS MANAGER 2  
Name CORBIN, GEORGINA  
Address PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885