

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000755

Entity Name: MIDFLORIDA YOUTH FOOTBALL AND CHEERLEADING
CONFERENCE, INC.**Current Principal Place of Business:**547 SIERRA CIRCLE
DAVENPORT, FL 33837**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:**WEST, HORACE
547 SIERRA CIRCLE
DAVENPORT, FL 33837 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:**

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 LISBON, PAM
Address P O BOX 3221
City-State-Zip: WINTER HAVEN FL 33885

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

Title CURRENT PRESIDENT
Name FABIAN, ROSS
Address 13712 N 20TH ST
 APT A
City-State-Zip: TAMPA FL 33613

Title PAST PRESIDENT
Name WEST, HORACE
Address 547 SIERRA CIRCLE
City-State-Zip: DAVENPORT FL 33837

Title BUSINESS MANAGER
Name WEST, MORRIS
Address PO BOX 3221
City-State-Zip: WINTER HAVEN FL 33885

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

Title TREASURER 2
Name MCKINNON, 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 RILEY**TREASURER 1****03/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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