

**2018 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  
Name           RILEY, BERNITA  
Address       1357 EAGLE CREST BLVD  
City-State-Zip: WINTER HAVEN FL 33881

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

Title           PAST PRESIDENT  
Name           HOGAN, JAMES  
Address       1706 TERRY CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title           VP, CHEER  
Name           FAISON, TRACY  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

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

Title           CURRENT 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           TREASURER 2  
Name           WHITE, MARION  
Address       PO BOX 3221  
City-State-Zip: WINTER HAVEN FL 33885

**Continues on page 2**

*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****02/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title RECRUITER (WEST)  
Name FABIAN, ROSS  
Address 13712 N 20TH ST APT A  
City-State-Zip: TAMPA FL 33613