

**2021 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            HART, ANTHONY  
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****03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PUBLIC RELATIONS 2  
Name BROWN, SHETINA  
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