

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011767

Entity Name: CITRUS SPRING YOUTH FOOTBALL INC.**Current Principal Place of Business:**5780 W PINE CIR
CRYSTAL RIVER, FL 34429**Current Mailing Address:**5780 W PINE CIR
CRYSTAL RIVER, FL 34429 US**FEI Number: 81-4836555****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BELL, KAREN
5780 W PINE CIR
CRYSTAL RIVER, FL 34429 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 S
Name WILLIAMS, KIMBERLY
Address 2707 E. VENUS STREET
City-State-Zip: INVERNESS FL 34453Title VP
Name LAMB, ALVA
Address 937 S APOPKA AVE
City-State-Zip: INVERNESS FL 34452Title TRES
Name BELL, KAREN
Address 5780 W PINE CIR
City-State-Zip: CRYSTAL RIVER FL 34429Title PRES
Name SEFFERN, JON
Address 8068 N PITCAIRN WAY
City-State-Zip: CITRUS SPRINGS FL 34434Title SEC
Name WILLIAMS, KIMBERLY
Address 2707 E VENUS ST
City-State-Zip: INVERNESS FL 34453

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: KAREN C KIGHT BELL**TREASURER****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date