2004 NOT-FOR-PROFIT CORPORATION

Sep 27, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #715245** 09-27-2004 90002 046 ****61.25 MERRITT ISLAND YOUTH FOOTBALL, INC. Principal Place of Business Malling Address 119 A. MUSTANG WAY PO BOX 540384 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09232004 Chg-NP CR2E037 (10/03) 4. FEI Number 23-7085688 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINDS, RHONDA 300 MAGNOLIA AVE Street Address (P.O. Box Number is Not Acceptable) STE A MERRITT ISLAND, FL 32952 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Florida Department of State Added to Fees 10. *OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Raiphwilliams Nitropical Trail TITLE TITLE VEDDER, CINDY NAME NAME STREET ADDRESS 805 E CRISAFUCCI ROAD STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL. 32953 Merritt (sland FL 32953 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition BALL, KENNY NAME STREET ADDRESS 4030 CITRUS BLVD STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP VPD TITLE TITLE Delete ☐ Change . Addition PRICE, JOE NAME NAME STREET ADDRESS 2701 TAYLOR CREEK ROAD STREET ADDRESS CITY-ST-ZIP CHRISTMAS, FL CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition HINDS, RHONDA NAME NAME STREET ADDRESS 1835 N BANANA RIVER DR STREET ADDRESS MERRITT ISLAND, FL 32952 CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change - 🔲 Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED