2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 719268

1. Entity Name
WINTER HAVEN YOUTH FOOTBALL, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2827 WINTER HAVEN, FL 33883-2827	P. O. BOX 2827 WINTER HAVEN, FL 33883-2827

07092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2175485
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, BOB
148 MANSEAU DR
WINTER HAVEN, FL 33880

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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 Bobby Livingston President 7-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIVINGSTON, BOB
STREET ADDRESS	148 MANSEAU DR
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	DVP
NAME	CHARLES, BRIAN
STREET ADDRESS	1967 CAMELOT COURT
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	DT
NAME	DREWNO, TRACY
STREET ADDRESS	116 6TH ST JPV
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SD
NAME	SHOCKLEY, DEDE
STREET ADDRESS	1195 S NEKOMA AVE
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000168442
07/26/04-80013-023 61.25

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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.

SIGNATURE: Delores Shockley Delores Shockley 7-9-04 863-412-5490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #