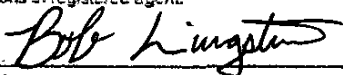
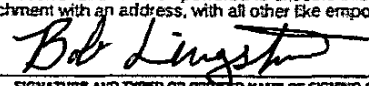


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 047 ****70.00

DOCUMENT # 719268					
1. Entity Name WINTER HAVEN YOUTH FOOTBALL, INC.					
Principal Place of Business P. O. BOX 2827 WINTER HAVEN, FL 33883-2827			Mailing Address P. O. BOX 2827 WINTER HAVEN, FL 33883-2827		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2175485	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LIVINGSTON, BOB 148 MANSEAU DR WINTER HAVEN, FL 33880			Name LIVINGSTON, BOB		
			Street Address (P.O. Box Number is Not Acceptable)		
			330 17TH STREET SE		
			City WINTER HAVEN FL Zip Code 33880		
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 		PRESIDENT		4/25/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	LIVINGSTON, BOB		NAME	LIVINGSTON, BOB	
STREET ADDRESS	148 MANSEAU DR		STREET ADDRESS	330 17TH STREET SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33880	
TITLE	DVP	☒ Delete	TITLE	DVP	☒ Change ☐ Addition
NAME	CHARLES, BRIAN		NAME	FEARS, TIM	
STREET ADDRESS	1967 CAMELOT COURT		STREET ADDRESS	116 6TH STREET JPV	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33880	
TITLE	DT	☒ Delete	TITLE	DT	☒ Change ☐ Addition
NAME	DREWNO, TRACY		NAME	LIVINGSTON, JOHN	
STREET ADDRESS	116 6TH ST JPV		STREET ADDRESS	204 SUMMERVIEW DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33880	
TITLE	SD	☒ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	SHOCKLEY, DEDE		NAME	LIVINGSTON, JENNIFER	
STREET ADDRESS	1195 S NEKOMA AVE		STREET ADDRESS	204 SUMMERVIEW DRIVE	
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP	WINTER HAVEN, FLORIDA 33880	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		BOB LIVINGSTON		APRIL 25, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	