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	Mailing Address
P. O. BOX 2827 WINTER HAVEN, FL 33883-2827	P. O. BOX 2827 WINTER HAVEN, FL 33883-2827

04262005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

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

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 Bob Livingston PRESIDENT 4/25/05
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIVINGSTON, BOB 148 MANSEAU DR WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIVINGSTON, BOB 330 17TH STREET SE WINTER HAVEN, FLORIDA 33880	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CHARLES, BRIAN 1967 CAMELOT COURT WINTER HAVEN, FL 33880	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FEARS, TIM 116 6TH STREET JPV WINTER HAVEN, FLORIDA 33880	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DREWNO, TRACY 116 6TH ST JPV WINTER HAVEN, FL 33880	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LIVINGSTON, JOHN 204 SUMMERVIEW DRIVE WINTER HAVEN, FLORIDA 33880	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHOCKLEY, DEDE 1195 S NEKOMA AVE LAKE ALFRED, FL 33850	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LIVINGSTON, JENNIFER 204 SUMMERVIEW DRIVE WINTER HAVEN, FLORIDA 33880	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 BOB LIVINGSTON APRIL 25, 2005 863 221-9942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #