

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719268

FILED  
Aug 27, 2009  
Secretary of State

**Entity Name:** WINTER HAVEN YOUTH FOOTBALL, INC.

**Current Principal Place of Business:**

P. O. BOX 2827  
WINTER HAVEN, FL 338832827

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2827  
WINTER HAVEN, FL 338832827

**New Mailing Address:**

**FEI Number:** 59-2175485      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LIVINGSTON, JOHN  
204 SUMMER VIEW DR  
WINTER HAVEN, FL 33880      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: LIGHTSEY, LLOYD  
Address: 5007 STADA DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DVP      ( ) Delete  
Name: LIVINGSTON, BOB  
Address: 204 FERN RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: LIVINGSTON, JOHN  
Address: 204 SUMMERVIEW DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DS      ( ) Delete  
Name: LIVINGSTON, JENNIFER  
Address: 204 SUMMERVIEW DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP      (X) Change ( ) Addition  
Name: BRISTOW, MICHELLE  
Address: 913 29TH ST. NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER LIVINGSTON

DS

08/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date