

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719268

**FILED**  
**Apr 25, 2011**  
**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:**

1699 LAKE SHIPP DRIVE  
WINTER HAVEN, FL 338832827

**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)**

**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  
Name: FEARS, TIM  
Address: 116 6TH JPV STREET  
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN LIVINGSTON

DT

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date