

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 721648 (4)**

1. Corporation Name

**LITTLE YANKEE BOYS' FOOTBALL LEAGUE, INC.**



Principal Place of Business

2800 SW 28TH STREET  
POST OFFICE BOX 21135  
FT. LAUDERDALE FL 33335-8135

Mailing Address

2800 SW 28TH STREET  
POST OFFICE BOX 21135  
FT. LAUDERDALE FL 33335-8135

3. Date Incorporated or Qualified  
**09/07/1971**

3a. Date of Last Report  
**07/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**1122 NE 4th Ave**

4. FEI Number

**23-7129143**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

City & State

**Ft. Lauderdale FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

29

Zip

Country

**33304 U.S.**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RANTANEN, CYNTHIA A.  
1731 SW 32ND ST.  
FT LAUDERDALE FL 33315**

81

Name **Collison, Rick**

82

Street Address (P.O. Box Number is Not Acceptable)

**1122 NE 4th Ave**

83

**Ft Lauderdale, FL**

84

City

**FL**

85 Zip Code

**33304**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**RICK COLLISON**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-29-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

NAME **PD  
COLLISON, RICK**  
STREET ADDRESS **1122 NE 4TH AVE**  
CITY - ST - ZIP **FT LAUDERDALE FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
KESSLER, BETH**  
STREET ADDRESS **2800 SW 28TH ST - P O #21135 N/A**  
CITY - ST - ZIP **FT LAUDERDALE FL**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD  
BURRIER, VICKI**  
STREET ADDRESS **157 FIESTA WAY**  
CITY - ST - ZIP **FT LAUDERDALE FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD  
RANTANEN, CYNTHIA**  
STREET ADDRESS **1845 SW 3RD AVE**  
CITY - ST - ZIP **FT LAUDERDALE FL**

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

15 31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

33 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pamela Richmond** **Pamela Richmond** **6/29/96** **9545225494**

Date

Daytime Phone #

CR2E037 (12/95)