FILE NOW: FILING FEE IS \$61.	.25		
NONPROFIT CORPORATION ANNUAL REPORT  1996  FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
DOCUMENT # 726987 13 ARTOW Youth Football ? Club	soostees'		
Principal Place of Business Mailing Address			
lommy 1503 Tichmond Rd walker			
Field Lykeland, Pl 33801		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business  2a. Mailing Address  2b. Raicing Address  2c. Mailing Address		4. FEI Number Should B	e on Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	F1 33 +01	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
22 S+ Rè 555 27 27 City & State City & State		G. Election Campaign Financing	Fee Required \$5.00 May Be
23 Datos Fl 28 Lakeland	*1	Trust Fund Contribution	Added to Fees
Zip Country Zip 24 J3 835 25 29 J 3 8 0 1	Country 30	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes 🔼 No
Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
Frank L WEBSTER		(D.O. D. Allerter in New Assessment	
15.03 Richmond Rd		iress (P.O. Box Number is Not Acceptable	"
hakeland, Fl 33601	83		
1 2 2 6 0 1	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized	the above named corpo	ration submits this statement for the nurn	
1 A. 1975 I. Die Geford ausgebiede aufgestiene af Caption C17 0500. Florida Ptotuton	by the corporation's boa	ard of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes	by the corporation's boa	ard of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE	Registered Agent signature require	ard of directors. Thereby accept the appoi	SL2 Y 1 9 G
SIGNATURE Signature, typed or printed name of registered again and title if a splicative (NOTE  12. OFFICERS AND DIRECTORS	Fingistered Agent signature require	and of directors. I hereby accept the appoi	SURVERS AND DIRECTORS IN 12
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NAME

TREET ADDRESS

DITY-ST-ZIP

14. Tob hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carbify 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 12 or Block 13 if changed, or on an attachment with an address

6 1 TITLE

**SIGNATURE:** 

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 Date

941-647-3372 Daytine Phone #

Change