


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727410** (3)

1. Corporation Name

LAKE YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 405
EUSTIS FL 32727

P.O. BOX 405
EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1973

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1536657

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANFIELD, GLORIA
1111 LAKESHORE DR. B-6
EUSTIS FL 32726

81 Name **McPherson, Becki**
82 Street Address (P.O. Box Number is Not Acceptable)
105 Ridgeview DR
83
84 City **Eustis** FL 85 Zip Code **32726**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Becki McPherson

7/21/97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCPHERSON, BECKY
STREET ADDRESS	105 RIDGEVIEW DRIVE
CITY-ST-ZIP	EUSTIS FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ROGERS, OTIS
STREET ADDRESS	914 EDGEWATER
CITY-ST-ZIP	WUTIS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ANDREA
STREET ADDRESS	60 CARDINAL DRIVE
CITY-ST-ZIP	EUSTIS FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, GLORIA
STREET ADDRESS	1111 LAKESHORE DR. B-6
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McPherson, Becki
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32726
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Saunders, Johnnie
2.3 STREET ADDRESS	1210 Wall St
2.4 CITY-ST-ZIP	Eustis, FL 32726
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Winkler, Tina
3.3 STREET ADDRESS	43832 Coater Pond
3.4 CITY-ST-ZIP	Deland, FL 32720
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paskiet, Sherrie
4.3 STREET ADDRESS	1103 FLORAL AVE
4.4 CITY-ST-ZIP	Eustis, Florida 32726
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Becki McPherson

7/21/97

(352)
357-9711

CR2E037 (4/97)