

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 # **743496** (2)
1. Corporation Name
PINECREST YOUTH FOOTBALL, INC.



Principal Place of Business: STATE ROAD 39 SOUTH, POST OFFICE BOX 10, LITHIA FL 33547
Mailing Address: STATE ROAD 39 SOUTH, POST OFFICE BOX 10, LITHIA FL 33547

3. Date Incorporated or Qualified: **07/07/1978**
3a. Date of Last Report: **09/29/1995**

2. Principal Place of Business
21. **SR 39 South**
Suite, Apt. #, etc.
22. **PO Box 10**
City & State
23. **Lithia FL**
Zip
24. **33547**
Country
25. **Hillsboro**
2a. Mailing Address
26. **SR 39 South**
Suite, Apt. #, etc.
27. **PO Box 10**
City & State
28. **Lithia FL**
Zip
29. **33547**
Country
30. **Hillsboro**

4. FEI Number: **59-2901671**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WIGGINS, FLOYD
10139 BRYANT ROAD
LITHIA FL 33547

10. Name and Address of New Registered Agent
81. Name: **Linda Lundberg**
82. Street Address (P.O. Box Number is Not Acceptable): **PO Box 452 8505 Lithia Pinecrest Rd.**
83.
84. City: **Lithia, FL** Zip Code: **33547**

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: **Linda J. Lundberg, Pres.** *Linda J. Lundberg* 5/24/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, FLOYD	
STREET ADDRESS	10139 BRYANT ROAD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAZELHURST, ANITA	
STREET ADDRESS	1925 KEYSVILLE RD. EAST	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JOE	
STREET ADDRESS	4809 E. KEYSVILLE RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TILLMAN, THOMAS	
STREET ADDRESS	7151 LITHIA-PINECREST RD.	
CITY-ST-ZIP	LITHIA FL 33547	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda Lundberg PD	
1.3 STREET ADDRESS	PO Box 452-8505 Lithia Pinecrest Rd.	
1.4 CITY-ST-ZIP	Lithia, FL 33547	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stella Youmans SD	
2.3 STREET ADDRESS	1922 Lakeside Dr.	
2.4 CITY-ST-ZIP	Valrico FL 33594	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tommy Shirley VD	
3.3 STREET ADDRESS	3508 Nichols Rd.	
3.4 CITY-ST-ZIP	Lithia, FL 33547	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shari Shirley TD	
4.3 STREET ADDRESS	3508 Nichols Rd.	
4.4 CITY-ST-ZIP	Lithia, FL 33547	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Linda J. Lundberg, President** *Linda J. Lundberg* 5/24/96 737-9195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)