

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).

APPROVED
 AND
 FILED

1997 OCT 27 PM 3:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743496 (2)

1. Corporation Name
PINECREST YOUTH FOOTBALL, INC.

Principal Place of Business SR 39 SOUTH P.O. BOX 10 LITHIA FL 33547	Mailing Address SR 39 SOUTH P.O. BOX 10 LITHIA FL 33547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1978		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2901671		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LONDBERG, LINDA
8505 LITHIA PINECREST RD.
LITHIA FL 33547

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LONDBERG, LINDA	
STREET ADDRESS	8505 LITHIA PINECREST RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YOUNG, STELLA	
STREET ADDRESS	1922 DOCKSIDE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, TOMMY	
STREET ADDRESS	3508 NICHOLS RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHIRLEY, SHARI	
STREET ADDRESS	3508 NICHOLS 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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA LONDBERG	
1.3 STREET ADDRESS	8505 LITHIA PINECREST RD.	
1.4 CITY-ST-ZIP	LITHIA, FL 33547	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAUREEN SANDERSON	
2.3 STREET ADDRESS	KEYSVILLE RD.	
2.4 CITY-ST-ZIP	LITHIA, FL 33517	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHARI SHIRLEY	
3.3 STREET ADDRESS	3508 NICHOLS RD.	
3.4 CITY-ST-ZIP	LITHIA, FL 33547	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAROL EDWARDS	
4.3 STREET ADDRESS	2909 WILLIAMS RD.	
4.4 CITY-ST-ZIP	VALRICO, FL 33594	
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		

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.

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 10/27/97

813-661-6005

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