


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 004 ****70.00

DOCUMENT # 743496			
1. Entity Name PINECREST YOUTH FOOTBALL, INC.			
Principal Place of Business 7950 LITHIA PINECREST RD. LITHIA, FL 33547		Mailing Address P.O. BOX 10 LITHIA, FL 33547	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2901671		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04152005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVANS, JIM - 10811 BORMAN MEADOW LANE LITHIA, FL 33547		Name <u>Greg Stallings</u> Street Address (P.O. Box Number is Not Acceptable) <u>5913 Jaegerglen Dr.</u> City <u>Lithia</u> FL Zip Code <u>33547</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u> Gregory B Stallings, President 4/16/05		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete	NAME EVANS, JIM	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Greg Stallings
STREET ADDRESS 10811 DOCMAN MEADOW LANE	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS 5913 Jaegerglen Dr.	CITY-ST-ZIP Lithia, FL 33547
TITLE VD <input type="checkbox"/> Delete	NAME MORGAN, LAMAR	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS P.O. BOX 78	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS	CITY-ST-ZIP
TITLE TD <input type="checkbox"/> Delete	NAME KLENKE, DENEEN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 5608 EAGLELANE PLACE	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS	CITY-ST-ZIP
TITLE SD <input checked="" type="checkbox"/> Delete	NAME POLO, PATTY	TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Joey Hampton
STREET ADDRESS 3805 HARROGATE DR.	CITY-ST-ZIP VALRICO, FL 33594	STREET ADDRESS 3208 Cindy Lynn Place	CITY-ST-ZIP Lithia, FL 33547
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> Deneen Klenke		Date 4-15-05 813-657-5031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	