

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).

\$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744405

(2) Same

CHIEFS YOUTH FOOTBALL, INC.

FILED

97 OCT 20 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|   |                      |  |                      |
|---|----------------------|--|----------------------|
| Principal Place of Business<br>LUTZ LAKE FERN ROAD<br>P.O. BOX 1006<br>LUTZ FL 33549-1006   |                      | Mailing Address<br>LUTZ LAKE FERN ROAD<br>P.O. BOX 1006<br>LUTZ FL 33549-1006  |                      |
| 2. Principal Place of Business<br>21 Lutz - Lake Fern Rd<br>Suite, Apt. #, etc.<br>22 P.O. Box 1006<br>City & State<br>23 Lutz FL<br>Zip<br>24 33549-1006   |                      | 2a. Mailing Address<br>26 Lutz Chiefs<br>Suite, Apt. #, etc.<br>27 P.O. Box 1006<br>City & State<br>28 Lutz FL<br>Zip<br>29 33549-1006   |                      |
| 3. Date Incorporated or Qualified<br>09/27/1978   |                      | 3a. Date of Last Report<br>07/12/1996  |                      |
| 4. FEI Number<br>39-0007042   |                      | Applied For<br>Not Applicable  |                      |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |                      | \$8.75 Additional Fee Required   |                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   |                      | \$5.00 May Be Added to Fees  |                      |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                      |  |                      |
| 9. Name and Address of Current Registered Agent<br>PHILLIPS, DOUG<br>9032 QUAIL CREEK DR<br>TAMPA FL 33647  |                      | 10. Name and Address of New Registered Agent<br>81 Name<br>Severino, Bernadette<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>1302 Jen Ma Jo<br>83 Lutz FL<br>84 City<br>Lutz FL<br>85 Zip Code<br>33549 |                      |
| 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 <i>Bernadette Severino</i> President  |                      |  |                      |
| 12. OFFICERS AND DIRECTORS  |                      |  |                      |
| TITLE   | VP                   | NAME   | SUVERINO, BERNADETTE |
| STREET ADDRESS  | 1302 JEN MA JO       | CITY-ST-ZIP  | LUTZ FL              |
| TITLE   | TD                   | NAME   | RICE, GEORGIA        |
| STREET ADDRESS  | 308 STRATFIELD DRIVE | CITY-ST-ZIP  | LUTZ FL              |
| TITLE   | SD                   | NAME   | ALVAREZ, JUDY        |
| STREET ADDRESS  | 18708 HAMILTON       | CITY-ST-ZIP  | LUTZ FL              |
| TITLE   |                      | NAME   |                      |
| STREET ADDRESS  |                      | CITY-ST-ZIP  |                      |
| TITLE   |                      | NAME   |                      |
| STREET ADDRESS  |                      | CITY-ST-ZIP  |                      |
| TITLE   |                      | NAME   |                      |
| STREET ADDRESS  |                      | CITY-ST-ZIP  |                      |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                      |  |                      |
| 1.1 TITLE   | D                    | NAME   | Phillips, Doug       |
| 1.2 NAME  |                      | STREET ADDRESS   | 9032 Quail Creek Dr  |
| 1.3 STREET ADDRESS  |                      | CITY-ST-ZIP  | Tampa, FL 33647      |
| 1.4 CITY-ST-ZIP   |                      | 2.1 TITLE  | D                    |
| 2.1 TITLE   |                      | 2.2 NAME   | Arrowsmith, Cheryl   |
| 2.2 NAME  |                      | 2.3 STREET ADDRESS   | 17817 Cranbrook Dr   |
| 2.3 STREET ADDRESS  |                      | 2.4 CITY-ST-ZIP  | Lutz FL 33549        |
| 2.4 CITY-ST-ZIP   |                      | 3.1 TITLE  | D                    |
| 3.1 TITLE   |                      | 3.2 NAME   | Dawn Shaughan        |
| 3.2 NAME  |                      | 3.3 STREET ADDRESS   | 17613 Whistling Lane |
| 3.3 STREET ADDRESS  |                      | 3.4 CITY-ST-ZIP  | Lutz FL 33549        |
| 3.4 CITY-ST-ZIP   |                      | 4.1 TITLE  |                      |
| 4.1 TITLE   |                      | 4.2 NAME   |                      |
| 4.2 NAME  |                      | 4.3 STREET ADDRESS   |                      |
| 4.3 STREET ADDRESS  |                      | 4.4 CITY-ST-ZIP  |                      |
| 4.4 CITY-ST-ZIP   |                      | 5.1 TITLE  |                      |
| 5.1 TITLE   |                      | 5.2 NAME   |                      |
| 5.2 NAME  |                      | 5.3 STREET ADDRESS   |                      |
| 5.3 STREET ADDRESS  |                      | 5.4 CITY-ST-ZIP  |                      |
| 5.4 CITY-ST-ZIP   |                      | 6.1 TITLE  |                      |
| 6.1 TITLE   |                      | 6.2 NAME   |                      |
| 6.2 NAME  |                      | 6.3 STREET ADDRESS   |                      |
| 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: *Dawn Shaughan*

CR2E037 (4/97)