FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # 744405 (2)				
CHIEFS YOUTH FOOTBALL, INC.				
GINERO TOOTH TOOTHALL, INC.				
Principal Place of Business Mailing Address				
LUTZ-LAKE FERN ROAD LUTZ-LAKE FERN ROAD				3. Date Incorporated or Qualified
P.O. BOX 1006 P.O. BOX 1006 LUTZ FL 33549-1006 LUTZ FL 33549-1006		P.O. BOX 1006 LUTZ FL 33549-1006		
COIL IL NOAS	1000	CO12 FC 33349-1000		4. FEI Number Applied For
				39-0007042 Not Applicable
2. Principal Pl	ace of Business	26. Mailing Address		5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State City & State			7. Is this nonprofit corporation a homeowners association?	
23		28		Yes SAIO
Zip r:─n	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	10	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
B1 Name .				
OC STOW	A APANADETTE			LARRY KNIGHT
SEVERINO, BERNADETTE			82 Street	Address (P.O. Bax Number is Not Acceptable)
1302 JEN MA JO			83	403 MEENE KARE CI
LUTZ FL 33549				
		_	84 City	Lutu FL 85 Zip Code 48
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Perida Statutes, the above-named corporation submits this s				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Forida 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 strange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the decignors of, Section 517.0503, Florida Statutes.				
SIGNATURE ACILICA SOLICIATOR				
Stonature, type I or printed name of registered against and title in applicable (NOTE: Re				required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	☐ DELETE	1.1 TITLE	
NAME	PHILLIPS, DOUG		1.2 NAME	19409 Livingston AV
STREET ADDRESS	9032 QUAIL CREEK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TAMPA FL 33647	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE	LUT2 76 33549 WARFINGTON TO Exchange Addition
	SD ADDOMONETH CAROL		2.2 NAME	DAIS Shanahan
NAME	ARROWSMITH, CAROL 17817 CRANBROOK DRIVE		2.3 STREET ADDRESS	17613 Whistling lane
STREET ADDRESS	LUTZ FL 33549		2.4 CITY-ST-ZIP	Lutz F1 33549
CITY+ST-ZIP TITLE	TD	DELETE	3.1 TITLE	THE ASURGO DE Change Addition
NAME	SHCUNAHAN, DAWN	- -	3.2 NAME	SUZANNE Wooten
STREET ADDRESS	17613 WHISTLING LANE		3.3 STREET ADDRESS	17306 N Dale Molery
CITY-ST-ZIP	LUTZ FL 33549		3.4. CITY - ST - ZIP	wt2 th 33549
TITLE		DELETE	4.1 TITLE	SECRETARY Change Addition
NAME]			4.2 NAME	<u></u>
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	·		5.4 CITY+ST-ZIP	
ATTLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CfTY-ST-ZIP	

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 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 for on an attachment with an address.

FILED

May 20 1998 8:00am

Secretary of State