


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90222 025 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 744405**

1. Corporation Name

**CHIEFS YOUTH FOOTBALL, INC.**

Principal Place of Business

 LUTZ LAKE FERN ROAD  
 P.O. BOX 1006  
 LUTZ FL 33549-1006

Mailing Address

 LUTZ LAKE FERN ROAD  
 P.O. BOX 1006  
 LUTZ FL 33549-1006

2. Principal Place of Business

 21 **770 LUTZ LAKE FERN RD**  
 Suite, Apt. #, etc.

2a. Mailing Address

 26 **PO BOX 1006**  
 Suite, Apt. #, etc.

City &amp; State

 23 **LUTZ FL**

Zip Country

 24 **33549** 25

City &amp; State

 28 **LUTZ FL**

Zip Country

 29 **33548** 30

3. Date Incorporated or Qualified

**09/27/1978**

4. FEI Number

**39-0007042-65-0898751**

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75 Additional**  
**Fee Required**

6. Election Campaign Financing

☐
**\$5.00 May Be**  
**Added to Fees**

8. Name and Address of Current Registered Agent

 KNIGHT, LARRY  
 1403 KEENE LAKE CT  
 LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

**SHANAHAN, DAWN**

82 Street Address (P.O. Box Number is Not Acceptable)

**17613 WHISTLING LANE**

83

84 City

**LUTZ****FL**

85 Zip Code

**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

*Dawn P. Shanahan*  
 Signature, typed or printed name of registered agent and title if applicable.

*League Director*  
 (NOTE: Registered Agent signature required when reinstating)

**5/27/99**  
 DATE

12. OFFICERS AND DIRECTORS

 TITLE **SD** ☐ DELETE

 NAME **BUBUTZ, LINDA**  
 STREET ADDRESS **18409 LIVINGSTON AVE**  
 CITY-ST-ZIP **LUTZ FL 3549**

 TITLE **AD** ☐ DELETE

 NAME **SHANAHAN, DAWN**  
 STREET ADDRESS **17613 WHISTLING LANE**  
 CITY-ST-ZIP **LUTZ FL 33549**

 TITLE **TD** ☐ DELETE

 NAME **WOOTEN, SUZANNE**  
 STREET ADDRESS **17306 N DALE MABRY**  
 CITY-ST-ZIP **LUTZ FL 33549**

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE **SD Patty Cole** ☒ Change ☐ Addition

 1.2 NAME **1512 CANNONADE CT**  
 1.3 STREET ADDRESS **LUTZ, FL. 33549**  
 1.4 CITY-ST-ZIP

 2.1 TITLE **AD STEVEN P. CARR** ☒ Change ☐ Addition

 2.2 NAME **1508 CANNONADE CT.**  
 2.3 STREET ADDRESS **LUTZ, FL. 33549**  
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition

 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition

 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition

 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition

 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Suzanne Wooten*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUZANNE WOOTEN**
**3-20-99**

Date

**813-963-0445**

Daytime Phone #

CR2E037 (11/98)