FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:26

DOCUMENT # 750517 (5)

1. Corporation Name

SUNSHINE STATE YOUTH FOOTBALL CONFERENCE, INC.

Principal Place of Business	Mailing Address
C/O BOB HODGIN 3120 ELLIS AVENUE LAKELAND FL 33803	C/O BOB HODGIN 3120 ELLIS AVENUE LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1980
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2949164 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODGIN, BOB 3120 ELLIS AVENUE LAKELAND FL 33803	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] Robert C Hodgin Executive Director 4-16-95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~ED~~	1 1 TITLE	ED	☒ Change ☐ Addition
NAME	~~STRATTON, DON~~	1 2 NAME	HODGIN BOB	
STREET ADDRESS	~~640 PINECREST DRIVE~~	1 3 STREET ADDRESS	3120 Ellis Ave	
CITY ST ZIP	~~BARTOW FL~~	1 4 CITY ST ZIP	LAKELAND Fl 33803	
TITLE	~~ST~~	2 1 TITLE	ST D	☐ Change ☒ Addition
NAME	~~HODGIN, BOB~~	2 2 NAME	CLARKE WILLIE	
STREET ADDRESS	~~3120 ELLIS AVENUE~~	2 3 STREET ADDRESS	219 MIAMI ST	
CITY ST ZIP	~~LAKELAND FL~~	2 4 CITY ST ZIP	LAKELAND Fl 33805	
TITLE	~~C~~	3 1 TITLE	TRES D	☐ Change ☒ Addition
NAME	~~WILSON, ARDEEN~~	3 2 NAME	WEBSTER FRANK	
STREET ADDRESS	~~504 W. LOWELL ST.~~	3 3 STREET ADDRESS		
CITY ST ZIP	~~LAKELAND FL~~	3 4 CITY ST ZIP		
TITLE	~~C~~	4 1 TITLE	DD	☒ Change ☐ Addition
NAME	RANDOLPH, BEN	4 2 NAME		
STREET ADDRESS	3149 W. HENDERSON CIRCLE	4 3 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	4 4 CITY ST ZIP		
TITLE	~~C~~	5 1 TITLE	[illegible]	☐ Change ☒ Addition
NAME	~~GROENDAL, KEN~~	5 2 NAME		
STREET ADDRESS	~~2054 MAGNOLIA AVENUE~~	5 3 STREET ADDRESS		
CITY ST ZIP	~~LAKELAND FL~~	5 4 CITY ST ZIP		
TITLE		6 1 TITLE	[illegible]	☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0066980