

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767001 (1)
1. Corporation Name
PINELLAS YOUTH FOOTBALL CONFERENCE, INC.



Principal Place of Business Mailing Address
P.O. BOX 71 LARGO FL 34649 **P.O. BOX 71 LARGO FL 34649**

3. Date Incorporated or Qualified **02/15/1983** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2317385** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GRIMM, AMELIA WATERS, GENEVA 81 Name **WATERS, GENEVA**
2561 MADRID WAY SOUTH Belcher Road N224 82 Street Address (P.O. - Box Number is Not Acceptable) **12001 Belcher Road N224**
ST. PETERSBURG FL 33712 34643 83 **Largo, FL 34643**
84 City **FL** 85 Zip Code

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 *Geneva Waters* DATE *4/22/96*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BOYKINS, EZELL JR	1.2 NAME	BOYKINS, EZELL JR
STREET ADDRESS	3166 FREEMONT TERR S	1.3 STREET ADDRESS	3166 Freemont Terr S.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD MARTIN PETER	2.2 NAME	WATERS, GENEVA
STREET ADDRESS	1771 HARBOR DRIVE	2.3 STREET ADDRESS	12001 Belcher Road #N224
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WATERS, GENEVA	3.2 NAME	SD(acting) WATERS, GENEVA
STREET ADDRESS	12001 BELCHA RD. #N224	3.3 STREET ADDRESS	12001 Belcher Road #N224
CITY-ST-ZIP	LARGO FL 34643	3.4 CITY-ST-ZIP	Largo, FL 34643
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD GRIMM, AMELIA	4.2 NAME	
STREET ADDRESS	2561 MADRID WAY SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ezell Boykins* DATE: *4/22/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)