

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 21, 1999 8:00 am
Secretary of State
 05-21-1999 90001 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 767001 ✓
 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/15/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2317385
City & State	City & State	Applied For
23	28	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATERS, GENEVA 12001 BELCHER RD N224 LARGO FL 34643	81 Name Gayle Lewis 82 Street Address (P.O. Box Number is Not Acceptable) 1145 66th Five South 83 84 City St. Petersburg FL 85 Zip Code 33705

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 *Gayle Lewis* **Gayle Lewis** DATE **7/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKINS, EZELL JR	1.2 NAME	
STREET ADDRESS	3166 FREEMONT TERR S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYKINS, EZELL J	2.2 NAME	Bullard, Fran
STREET ADDRESS	3166 FREEMONT TERR S	2.3 STREET ADDRESS	3917 5th Ave S
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GAYLE	3.2 NAME	Lewis, Gayle
STREET ADDRESS	2325 DARTMOUTH AVE N	3.3 STREET ADDRESS	1145 66th Ave S
CITY-ST-ZIP	ST PETERSBURG FL 33713	3.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	TT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, GENEVA	4.2 NAME	Waters, Geneva
STREET ADDRESS	12001 BLECHER RD., N224	4.3 STREET ADDRESS	12001 Blecher Rd., #224
CITY-ST-ZIP	LARGO FL 33773	4.4 CITY-ST-ZIP	Largo, FL 33713
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTON, TYRONE	5.2 NAME	
STREET ADDRESS	4134 13TH AVE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DC Karen Smith
STREET ADDRESS		6.3 STREET ADDRESS	1175 Pinellas Point Drive S #281
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33705

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: *Gayle Lewis* **Gayle Lewis** DATE **7/15/99** DAYTIME PHONE # **867-9425**

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CR2E037 (5/99)