

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90008 035 ****70.00

DOCUMENT # N03118

1. Entity Name

OCOEE JR. SR. FOOTBALL LEAGUE, INC.



Principal Place of Business

1214 SAND PINE LANE
OCOEE FL 34761
US

Mailing Address

P.O. BOX 748
OCOEE FL 34761
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2380913

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ADKINSON, SHERI
1010 IDAHO COURT
OCOEE FL 34761

7. Name and Address of New Registered Agent

Name

Sheri Adkinson

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

1653 Fallmonte Ct

City

Ocoee

FL

Zip Code

34761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sheri Adkinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/18/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADKINSON, SHERI	
STREET ADDRESS	1010 IDAHO COURT	
CITY- ST- ZIP	OCOEE FL 34761	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKHALTER, MIKE	
STREET ADDRESS	713 E LAKESHORE DR	
CITY- ST- ZIP	OCOEE FL 34761	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLLOCK, LYNN	
STREET ADDRESS	111 CLOWSON COURT	
CITY- ST- ZIP	OCOEE FL 34761	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALTILIO, ARLENE	
STREET ADDRESS	1413 CENTER STREET	
CITY- ST- ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adkinson, Sheri	
STREET ADDRESS	1653 Fallmonte Ct.	
CITY- ST- ZIP	Ocoee FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheri Adkinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

Daytime Phone #