

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-05-2005 90099 030 \*\*\*\*50.00  
N04000008703

**FILED**

05 AUG 26 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50048871



<b>DOCUMENT # N04000008703</b> 1. Entity Name SOUTH WALTON YOUTH FOOTBALL, INC.					
Principal Place of Business 1083 BAY GROVE ROAD FREEPORT, FL 32439				Mailing Address 1083 BAY GROVE ROAD FREEPORT, FL 32439	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>800120739</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTLEDGE, BO 91 TRAE LANE SEAGROVE BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALDROP, THOMAS 1083 BAY GROVE ROAD FREEPORT, FL 32439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELL, DAVID 27 SANDCASTLE COURT SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059240444 09/01/05--01037--011 **15.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTLEDGE, BO 91 TRAE LANE SEAGROVE BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISCOMB, STAN 50 CAMILLA STREET SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-29-05 Date Daytime Phone #		