2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003021

FILED Sep 08, 2008 Secretary of State

Entity Name: YOUTH FOOTBALL AND CHEERLEADING OF FREEPORT INC.

Current Principal Place of Business: New Principal Place of Business:

104 DR. ROBERTS DRIVE 8495 STATE HWY 81

DEFUNIAK SPRINGS, FL 32433 PONCE DE LEON, FL 32455

Current Mailing Address: New Mailing Address:

PO BOX 308 8495 STATE HWY 81

FREEPORT, FL 32439 PONCE DE LEON, FL 32455

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUCKER, PHILLIP

DUPREE, APRIL

AND STATE HAVE

88 NEW HAMPSHIRE LANE 8495 STATE HWY 81

FREEPORT, FL 32439 US PONCE DE LEON, FL 32455 US

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.

SIGNATURE: APRIL DUPREE 09/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 RUCKER, PHILLIP
 Name:
 MILLER, MATTHEW

 Address:
 PO BOX 308
 Address:
 PO BOX 308

 City-St-Zip:
 FREEPORT, FL 32439
 City-St-Zip:
 FREEPORT, FL 32439

Title: VD () Delete Title: VD (X) Change () Addition

Name:DECKER, JIMMYName:MORRISON, JAMESAddress:3391 E. CO. HWY 83AAddress:PO BOX 308

Address: 3391 E. CO. HWY 83A Address: PO BOX 308
City-St-Zip: FREEPORT, FL 32439 City-St-Zip: FREEPORT, FL 32439

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 FORTIN, YOLANDA
 Name:
 DUPREE, APRIL

 Address:
 3391E. CO. HWY 83A
 Address:
 8495 STATE HWY 81

 City-St-Zip:
 FREEPORT, FL 32439
 City-St-Zip:
 PONCE DE LEON, FL 32455

Title: ST () Delete Title: ST (X) Change () Addition

Name:RUCKER, COLETTEName:PLUMLEY, GINGERAddress:PO BOX 308Address:741 MOSSY BEND RDCity-St-Zip:FREEPORT, FL 32439City-St-Zip:PONCE DE LEON, FL 32455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER PLUMLEY ST 09/08/2008