

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011383

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** NORTH FLORIDA YOUTH FOOTBALL AND CHEER CONFERENCE INC

**Current Principal Place of Business:**

12131 BANYAN TREE DR  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

12131 BANYAN TREE DR  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 26-3908817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, CYNTHIA  
12131 BANYAN TREE DR  
JACKSONVILLE, FL 32258 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, CYNTHIA  
Address: 12131 BANYAN TREE DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP (X) Delete  
Name: DAVIS, SCOTT  
Address: 196 IVY LAKES DR  
City-St-Zip: ST JOHNS, FL 32259

Title: FBC ( ) Delete  
Name: WRIGHT, CLAUDE  
Address: 8578 BERESFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: CC ( ) Delete  
Name: JENKINS, SARMITA  
Address: 380 SMITH STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CYNTHIA JONES

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date