


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90006 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N22245		
1. Corporation Name NORTHEAST PENSACOLA YOUTH FOOTBALL ASSOCIATION, INC.		
Principal Place of Business POST OFFICE BOX 10434 PENSACOLA FL 32524	Mailing Address POST OFFICE BOX 10434 PENSACOLA FL 32524	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/21/1987
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2835188
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
25	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <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	
CLIFFORD, VICKI L 1800 MORNINGSIDE DRIVE PENSACOLA FL 32503		81 Name	Michael O. Johnson
		82 Street Address (P.O. Box Number is Not Acceptable)	4949 Forest Creek Dr
		83	
		84 City	Pace
		85 Zip Code	FL 32571

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 5-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, VICKI L	1.2 NAME	Young, Gloria
STREET ADDRESS	1800 MORNINGSIDE DR	1.3 STREET ADDRESS	616 Outer Dr.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Milton FL 32570
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, MICHAEL	2.2 NAME	Schisler, David
STREET ADDRESS	7845 LEGRANDE DRIVE	2.3 STREET ADDRESS	635 Farmington Rd.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola FL 32504
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMAN, MARK	3.2 NAME	Steele, Lee
STREET ADDRESS	3355 SPRINGHILL DR	3.3 STREET ADDRESS	4551 Whisper Way
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	Pensacola FL 32504
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MIKE	4.2 NAME	Johnson, Mike
STREET ADDRESS	4949 FOREST CREEK DR	4.3 STREET ADDRESS	4949 Forest Creek Dr.
CITY-ST-ZIP	PACE FL 32571	4.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK, LINDA	5.2 NAME	Vinson, Rickey
STREET ADDRESS	3109 E BLOUNT ST	5.3 STREET ADDRESS	8050 N. 9TH AV.
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	Pensacola FL 32514
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, FRANK	6.2 NAME	Hartigan, Matt
STREET ADDRESS	8625 WESTVIEW LANE	6.3 STREET ADDRESS	1817 E. Lloyd St.
CITY-ST-ZIP	PENSACOLA FL 32514	6.4 CITY-ST-ZIP	Pensacola FL 32503

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 5-30-99 (850) 434-5588

CR2E037 (11/98)