FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23175** **(5)**

1. Corporation Name

FROSTPROOF YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
%DAVID B. HIGGINBOTTOM 101 E. WALL STREET FROSTPROOF FL 33843	%DAVID B. HIGGINBOTTOM 101 E. WALL STREET FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1987	3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2498368	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIGGINBOTTOM, DAVID B. 101 E. WALL STREET FROSTPROOF FL 33843	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	COFFMAN, JESSE	12 NAME	BOBBY SMITH	
STREET ADDRESS	1604 RUCKS DAIRY RD.	13 STREET ADDRESS	440 HOPSON ROAD	
CITY-ST-ZIP	FROSTPROOF FL	14 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	ROGER LIGHTSEY	22 NAME		
STREET ADDRESS	8 COLONY HEIGHTS	23 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	LORI HUTTO	32 NAME		
STREET ADDRESS	36 BLUE JORDAN RD	33 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, MELISSA B.	42 NAME	ROY SPURLOCK	
STREET ADDRESS	137 MAXCY LANE	43 STREET ADDRESS	553 CITRUS DRIVE	
CITY-ST-ZIP	FROSTPOOF FL	44 CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lori Hutto MARCH 3, 1995 813-635-2246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORI HUTTO, TREASURER

0087031