


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N29535</b> <b>1. Entity Name</b> MARION COUNTY YOUTH FOOTBALL LEAGUE, INC.	
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**Principal Place of Business**  
2200 S.E. 36TH AVE.  
OCALA, FL 34471 US

**Mailing Address**  
P.O. BOX 5489  
OCALA, FL 34478 US



01172008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-1685591	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SCHWING, LOIS  
3848 SE 15TH ST  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	JONES, KENNY
<b>STREET ADDRESS</b>	13988 S.E. 176TH PLACE
<b>CITY-ST-ZIP</b>	WEIRSDALE, FL 34472

<b>TITLE</b>	VD
<b>NAME</b>	PAQUIN, GREG
<b>STREET ADDRESS</b>	22939 N.E. 114TH AVE.
<b>CITY-ST-ZIP</b>	ORANGE SPRINGS, FL

<b>TITLE</b>	STD
<b>NAME</b>	SCHWING, LOIS
<b>STREET ADDRESS</b>	3848 S.E. 15TH ST.
<b>CITY-ST-ZIP</b>	OCALA, FL 34471

<b>TITLE</b>	D
<b>NAME</b>	MYERS, KYLE
<b>STREET ADDRESS</b>	3325 S.E. 15TH STREET
<b>CITY-ST-ZIP</b>	OCALA, FL 34471

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

1100000390803  
01/24/06-80015-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.**

**SIGNATURE:**

*Lois J. Schwing*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-17-06**

**(352) 598-6037**

Date

Daytime Phone