


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N29535 1. Entity Name 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
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1685591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000585536 01/16/07-80016-018 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, KENNY 13988 S.E. 176TH PLACE WEIRSDALE, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAQUIN, GREG 22939 N.E. 114TH AVE. ORANGE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHWING, LOIS 3848 S.E. 15TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, KYLE 3325 S.E. 15TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Lois J. Schwing, Treas. 1-10-07 (352) 594-6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #