

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29535

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** MARION COUNTY YOUTH FOOTBALL LEAGUE, INC.

**Current Principal Place of Business:**

2200 S.E. 36TH AVE.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5489  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 03-0525494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHWING, LOIS  
3848 SE 15TH ST  
OCALA, FL 34471 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: PD  
Name: JONES, KENNY  
Address: 13988 S.E. 176TH PLACE  
City-St-Zip: WEIRSDALE, FL 34472

Title: VD  
Name: PAQUIN, GREG  
Address: 22939 N.E. 114TH AVE.  
City-St-Zip: ORANGE SPRINGS, FL

Title: STD  
Name: SCHWING, LOIS  
Address: 3848 S.E. 15TH ST.  
City-St-Zip: OCALA, FL 34471

Title: D  
Name: MYERS, KYLE  
Address: 3325 S.E. 13TH STREET  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** LOIS SCHWING

STD

01/06/2011

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

\_\_\_\_\_  
Date