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 28 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31286** **(0)**

1. Corporation Name
CENTRAL FLORIDA YOUTH FOOTBALL FEDERATION, INC.

Principal Place of Business	Mailing Address
% RANDY G. FISHER P. O. BOX 84 GROVELAND FL 34736	% RANDY G. FISHER P. O. BOX 84 GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1989
3a. Date of Last Report: 03/06/1994
4. FEI Number: 59-2679633 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

FISHER, RANDY G.
78 W. CEDARWOOD CIRCLE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name: Doyle Robbins
82 Street Address (P.O. Box Number is Not Acceptable): 358 East Magnolia Ste.
83
84 City: Groveland FL 85 Zip Code: 34736

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: Doyle Robbins, Doyle Robbins 4/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SKEETER ROBBINS	1.2 NAME	
STREET ADDRESS	P.O. BOX 84 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	~~SECRETA~~ VP/D ☒ Change ☐ Addition
NAME	CHATHAM, RANDY	2.2 NAME	Lonnie Burgess
STREET ADDRESS	P.O. BOX 164 N/A	2.3 STREET ADDRESS	99 31+ Ct
CITY-ST-ZIP	ALTOONA FL 32702	2.4 CITY-ST-ZIP	Kissimmee, Fl 34743
TITLE	T/D	3.1 TITLE	☐ Change ☐ Addition
NAME	HULON, MIKEL	3.2 NAME	
STREET ADDRESS	701 MARLLO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SYMONETTE, ANOTHONY	4.2 NAME	
STREET ADDRESS	6600 SYFEET COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Skeeter Robbins Skeeter Robbins 4/23/95 407-656-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000824