

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified 03/21/1989  
3a. Date of Last Report 04/28/1995

2. Principal Place of Business 2a. Mailing Address  
21 P.O. Box 430533 26 P.O. Box 430533

4. FEI Number 59-2679633  
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State City & State  
23 Kissimmee, FL 28 Kissimmee, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country Zip Country  
24 34743 25 USA 29 34743 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, DOYLE  
258 EAST MAGNOLIA ST  
GROVELAND FL 34736

81 Name Burgess, Lonnie  
82 Street Address (P.O. Box Number is Not Acceptable)  
99 Bit Ct.  
83  
84 City Kissimmee FL 85 Zip Code 34743

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lonnie J. Burgess Vice President. Lonnie J. Burgess. 4/21/96.  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SKEETER ROBBINS  
STREET ADDRESS P.O. BOX 84 N/A  
CITY-ST-ZIP GROVELAND FL 34736

TITLE VPD ☐ DELETE  
NAME BURGESS, LONNIE  
STREET ADDRESS 99 BIT CT  
CITY-ST-ZIP KISSIMMEE FL

TITLE T/D ☒ DELETE  
NAME HULON, MIKEL  
STREET ADDRESS 701 MARLLO DR.  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE SD ☐ DELETE  
NAME SYMONETTE, ANOTHONY  
STREET ADDRESS 6600 SYFEET COURT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME Burgess, Lonnie  
2.3 STREET ADDRESS 99 Bit Ct  
2.4 CITY-ST-ZIP Kissimmee, FL 34743

3.1 TITLE T/D ☐ Change ☒ Addition  
3.2 NAME Moore, Linda  
3.3 STREET ADDRESS 135 Merida Dr.  
3.4 CITY-ST-ZIP Kissimmee, FL 34743

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: Linda Moore 3-2-96 407-348-5745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)