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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31848**

1. Corporation Name
LAKE PLACID YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1736 LAKE PLACID FL 33852	PO BOX 1736 LAKE PLACID FL 33852

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

3. Date Incorporated or Qualified: 04/21/1989
4. FEI Number: 59-2946601 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DELGADO, LISETTE
676 HAWK AVE NW
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: Carolyn Levine
82 Street Address (P.O. Box Number is Not Acceptable): 677 Lake Betty Drive
83
84 City: Lake Placid FL 85 Zip Code: 338521

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	WHERRY, LORI		1.2 NAME	Carolyn Levine	
STREET ADDRESS	415 DARTER ST NW		1.3 STREET ADDRESS	677 Lake Betty Drive	
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	VD	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	LEVINE, CAROLYN		2.2 NAME	Lori Wherry	
STREET ADDRESS	677 LAKE BETTY DR		2.3 STREET ADDRESS	415 Darter St. N.W.	
CITY-ST-ZIP	LAKE PLACID FL 33852		2.4 CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE	TD	☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	DELGADO, LISETTE		3.2 NAME	Paige Cloud	
STREET ADDRESS	676 HAWK AVE NW		3.3 STREET ADDRESS	523 Washington Blvd.	
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP	Lake Placid, Fl. 33852	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Carolyn Levine 3/26/99 941-699-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #