

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N40349** (5)
1. Corporation Name

GULF COAST MIDGET FOOTBALL LEAGUE, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 838 **POST OFFICE BOX 838**
PANAMA CITY FL 32402 **PANAMA CITY FL 32402**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 09/20/1990 | | 08/12/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 59-3049341 | | Not Applicable | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing | | 5.00 May Be Added to Fees | |
| | | | | Trust Fund Contribution | | <input type="checkbox"/> | |
| | | | | 8. This corporation owes or has paid the current year intangible | | Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

g. Name and Address of Current Registered Agent

WHALEY, JIMMY
102 MOODY DRIVE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

| | |
|---|------------------------|
| 81 Name | PERRY, CAIN |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | 109 Baywood Dr. |
| 83 | |
| 84 City | Lynn Haven |
| 85 Zip Code | FL 32444 |

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


Signature, typed or printed name of registered agent and title if applicable

PERRY D. CAIN

8/2/97

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|--|--|---|-----------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | Vice President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WHALEY, JIMMY | | | 1.2 NAME | GARY MCKINNEY | | |
| STREET ADDRESS | 102 MOODY DRIVE | | | 1.3 STREET ADDRESS | 9320 Strauber Ln. | | |
| CITY-ST-ZIP | SPRINGFIELD FL 32404 | | | 1.4 CITY-ST-ZIP | Youngstown, FL 32466 | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SEXTON, ANGELA | | | 2.2 NAME | Rose Smith | | |
| STREET ADDRESS | 3625 E 14TH ST | | | 2.3 STREET ADDRESS | 2307 E 10th St | | |
| CITY-ST-ZIP | PANAMA CITY FL 32404 | | | 2.4 CITY-ST-ZIP | Panama City, FL 32401 | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLARK, SHARON | | | 3.2 NAME | | | |
| STREET ADDRESS | 2525 BRUCE ST | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WHITTINGTON, ADELAIDE | | | 4.2 NAME | | | |
| STREET ADDRESS | 1508 AIRPORT DR | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PANAMA CITY FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | Director | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CHALKER, KIM | | | 5.2 NAME | Ed Huggard | | |
| STREET ADDRESS | 503 INDIANA AVENUE | | | 5.3 STREET ADDRESS | 1106 E 3rd St. | | |
| CITY-ST-ZIP | LYNN HAVEN FL | | | 5.4 CITY-ST-ZIP | Panama City, FL 32401 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | President | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CAIN, PERRY | | | 6.2 NAME | | | |
| STREET ADDRESS | 709 BAYWOOD DRIVE | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LYNN HAVEN FL | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE:  SIGNATURE REQUIRED **8/2/97** (850) 234 1257

CR2E037 (4/97)