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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:53

DOCUMENT # **N43357** **(5)**

1. Corporation Name
OLDSMAR YOUTH FOOTBALL, INC.

Principal Place of Business	Mailing Address
SUNSTATE ACCOUNTING 221 LAFAYETTE BLVD OLDSMAN FL 34677 US	P.O. BOX 11 OLDSMAR FL 34677-0001 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1991
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-3078924 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 OLDSMAR COMMUNITY CENTER	26
Suite, Apt. #, etc. 22 127 W. STATE ST.	Suite, Apt. #, etc. 27
City & State 23 OLDSMAR, FL.	City & State 28
Zip 24 34677	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOVERNALE, LEO L. 500 DRIFTWOOD CIR. OLDSMAR FL 34677	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ 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	D	11 TITLE		☐ Change ☐ Addition
NAME	GOVERNALE, LEO	12 NAME		
STREET ADDRESS	500 DRIFTWOOD CIR N	13 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	DEANY ROEBUCK	☑ Change ☐ Addition
NAME	MARTIN, JEROME T.	22 NAME		
STREET ADDRESS	5622 GATEWAY DR	23 STREET ADDRESS	108 LEXINGTON	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	T	31 TITLE	BECKY SWILLEY	☑ Change ☐ Addition
NAME	HASTINGS, TOM	32 NAME		
STREET ADDRESS	107 MARY DR	33 STREET ADDRESS	16303 CALIENTE PL.	
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE	S	41 TITLE	LINDA ROEBUCK	☑ Change ☐ Addition
NAME	WICKY, BETTY	42 NAME		
STREET ADDRESS	221 LAFAYETTER BLVD	43 STREET ADDRESS	108 LEXINGTON	
CITY-ST-ZIP	OLDSMAR FL	44 CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, TOM	52 NAME		
STREET ADDRESS	211 STATE ST.	53 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ 4/24/95 813-855-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEO L. GOVERNALE

0067002