

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N43357

(5)

1. Corporation Name

OLDSMAR YOUTH FOOTBALL, INC.



Principal Place of Business

Mailing Address

OLDSMAR COMMUNITY CENTER  
127 W STATE ST.  
OLDSMAR FL 34677  
US

P.O. BOX 11  
OLDSMAR FL 34677-0001  
US

3. Date Incorporated or Qualified  
05/08/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GOVERNALE, LEO  
STREET ADDRESS 500 DRIFTWOOD CIR N  
CITY-ST-ZIP OLDSMAR FL

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

TITLE D ☒ DELETE  
NAME ROEBUCK, GARY  
STREET ADDRESS 108 LEXINGTON  
CITY-ST-ZIP OLDSMAR FL

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME MORTELLARO, FRANK  
2.3 STREET ADDRESS 10211 WILCOX CT.  
2.4 CITY-ST-ZIP TAMPA, FL. 33615

TITLE D ☐ DELETE  
NAME SWILLEY, BECKY  
STREET ADDRESS 16303 CALIENTE PL  
CITY-ST-ZIP TAMPA FL

3.1 TITLE T/D ☒ Change ☐ Addition  
3.2 NAME SWILLEY, BECKY  
3.3 STREET ADDRESS 5615 TERN CT  
3.4 CITY-ST-ZIP TAMPA, FL 33625

TITLE D ☒ DELETE  
NAME ROEBUCK, LINDA  
STREET ADDRESS 108 LEXINGTON  
CITY-ST-ZIP OLDSMAR FL

4.1 TITLE V/D ☒ Change ☐ Addition  
4.2 NAME PETILLO, PETER  
4.3 STREET ADDRESS 500 TIMBER BAY CIR. W.  
4.4 CITY-ST-ZIP OLDSMAR, FL. 34677

TITLE VP ☒ DELETE  
NAME BROWN, TOM  
STREET ADDRESS 211 STATE ST.  
CITY-ST-ZIP OLDSMAR FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)