

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N43357

1. Corporation Name

OLDSMAR YOUTH FOOTBALL, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90013 073 ****61.25

04-25-1999 90013 074 *****5.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

05/08/1991

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

9. Name and Address of Current Registered Agent

SWILLY, R-
4808 CENTERBROOK CT-
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name **Deborah C Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
338 LAFAYETTE BLVD
83
84 City **Oldsmar** FL 85 Zip Code **34677**

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

Deborah C Smith, Treas. **Deborah C Smith, TREAS.**

3-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AVOTTE, A	
STREET ADDRESS	2005 DONEGAL CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, D	
STREET ADDRESS	338 LAFAYETTE BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SWILLEY, BECKY	
STREET ADDRESS	4808 CENTER BROOK CT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REED, C	
STREET ADDRESS	10736 AYRSHIRE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAULA Ringelspaugh
2.3 STREET ADDRESS	Vice Pres
2.4 CITY-ST-ZIP	1908 CUTTY BAY Ct
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	Deborah C Smith
3.4 CITY-ST-ZIP	338 LAFAYETTE BLVD
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MELISSA STEIBER
4.3 STREET ADDRESS	Secretary
4.4 CITY-ST-ZIP	7724 NORTHAVEN PL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Deborah C Smith, Treas. **Deborah C Smith, TREAS.**

3-22-99

813891-1252

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)

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