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Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43644** (6)

1. Corporation Name

SOUTH FLORIDA YOUTH FOOTBALL CHEERLEADING, CORP.



Principal Place of Business 10180 N.W. 47TH STREET SUNRISE FL 33351 US	Mailing Address 10180 N.W. 47TH STREET SUNRISE FL 33351-7086 US
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3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 2840 N.W. 3rd Street Suite, Apt. #, etc. 22 Pompano Beach, Fl. City & State 23 33069 Zip 24	2a. Mailing Address 25 2840 N.W. 3rd Street Suite, Apt. #, etc. 27 Pompano Beach, Fl. City & State 28 33069 Zip 29	Country 25 US 29 US
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4. FEI Number 65-0440320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BUCCI, REGINA 790 SW 54TH AVENUE MARGATE FL 33068

10. Name and Address of New Registered Agent 81 Name Carolyn Parker Ware 82 Street Address (P.O. Box Number is Not Acceptable) 901 S.W. 4th Street 83 Delray Beach 84 City Delray Beach FL 85 Zip Code 33444
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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 Carolyn Parker Ware DATE 7/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BUCCI, REGINA	
STREET ADDRESS 790 SW 54TH AVENUE	
CITY-ST-ZIP MARGATE FL 33068	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME TAGMEYER, DAWN	
STREET ADDRESS 241 SW 65TH TERR	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME COAKLEY, JANICE	
STREET ADDRESS 19881 NW 33RD AVE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME PARKER-WARE, CAROLYN	
STREET ADDRESS 901 SW 4TH STREET	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME STURRUP, KATHY M.	
STREET ADDRESS 1765 NW 179 STREET	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Nellie Faye Lunny	
1.3 STREET ADDRESS 2840 N.W. 3rd Street	
1.4 CITY-ST-ZIP Pompano Beach, Fl.	
2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME LAWANDA BEARY	
2.3 STREET ADDRESS 267 S.W. 1st Terrace	
2.4 CITY-ST-ZIP Deerfield Beach, FL 33441	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE 1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Ruby Stephens	
5.3 STREET ADDRESS 2256 Danson Way	
5.4 CITY-ST-ZIP Delray Beach, Fl. 33485	
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 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 Carolyn Parker Ware DATE 6/1/97

CR2E037 (9/96)