

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50365 (8)**  
1. Corporation Name  
**GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.**

Principal Place of Business <b>145 EAST RICH AVE. DELAND FL 32724</b>	Mailing Address <b>145 EAST RICH AVE. DELAND FL 32724-4338</b>
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2. Principal Place of Business <b>761 Old TreeLine Trail</b>	2a. Mailing Address <b>761 Old TreeLine Trail</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>DELAND, FL</b>	28. City & State <b>DELAND, FL</b>
24. Zip <b>32724</b>	29. Zip <b>32724</b>
25. Country <b>Volusia</b>	30. Country <b>Volusia</b>

3. Date Incorporated or Qualified <b>08/14/1992</b>	3a. Date of Last Report <b>08/12/1996</b>
4. FEI Number <b>59-3142274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FORD, F.A., JR.  
145 EAST RICH AVE.  
DELAND FL 32724**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOK, SUSAN M</b>	
STREET ADDRESS	<b>2927 PAOLINI DR.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOK, SUSAN M.</b>	
STREET ADDRESS	<b>2927 PAOLINI DRIVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANE, JOSEPH B.</b>	
STREET ADDRESS	<b>728 E. GROVE PLACE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, DONNA H.</b>	
STREET ADDRESS	<b>617 S. MONTGOMERY AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, DARRYL D.</b>	
STREET ADDRESS	<b>615 S. PARSONS AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DYKES, ADRIAN S.</b>	
STREET ADDRESS	<b>670 W. MATHIS STREET</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DITSLEAR, Robert E</b>	
1.3 STREET ADDRESS	<b>761 Old TreeLine Trail</b>	
1.4 CITY-ST-ZIP	<b>DELAND, FL 32724</b>	
2.1 TITLE	<b>V, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DYKES, ADRIAN S.</b>	
2.3 STREET ADDRESS	<b>670 W. MATHIS STREET</b>	
2.4 CITY-ST-ZIP	<b>DELAND, FL 32720</b>	
3.1 TITLE	<b>T, S - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TULLY, KATHLEEN M.</b>	
3.3 STREET ADDRESS	<b>993 FATTO ROAD</b>	
3.4 CITY-ST-ZIP	<b>DELAND, FL 32720</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SMITH, PAULETTE D.</b>	
4.3 STREET ADDRESS	<b>840 W. KICKLIGHTER ROAD</b>	
4.4 CITY-ST-ZIP	<b>LAKE HELEN, FL 32744</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DITSLEAR, DIANE E</b>	
6.3 STREET ADDRESS	<b>761 Old TreeLine Trail</b>	
6.4 CITY-ST-ZIP	<b>DELAND, FL 32724</b>	

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.

CR2E037 (9/96)