

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>761 OLD TREELINE TRAIL DELAND FL 32724 US</b>	Mailing Address <b>761 OLD TREELINE TRAIL DELAND FL 32724 US</b>
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3. Date Incorporated or Qualified  
**08/14/1992**

4. FEI Number  
**59-3142274**

Applied For	Not Applicable
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21. Principal Place of Business <b>840 W. Kicklighter Rd</b>	22. Mailing Address <b>840 W. Kicklighter Rd.</b>
23. City & State <b>Lake Helen, FL</b>	24. City & State <b>Lake Helen, FL</b>
25. Zip <b>32744</b>	26. Zip <b>32744</b>
27. Country <b>Volusia</b>	28. Country <b>Volusia</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 <b>DITSLEAR, C. R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>108 W. Rich Avenue</b>
83
84 City <b>DeLand</b>
85 Zip Code <b>FL 32720</b>

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]* DATE **3/4/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>DITSLEAR, ROBERT E</b>	STREET ADDRESS <b>761 OLD TREELINE TRAIL</b>	CITY-ST-ZIP <b>DELAND FL</b>	<input type="checkbox"/> DELETE
TITLE <b>VD</b>	NAME <b>DYKES, ADRIAN S</b>	STREET ADDRESS <b>670 W. MAHTIS STREET</b>	CITY-ST-ZIP <b>DELAND FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>SD</b>	NAME <b>TULLY, KANTLEEN M</b>	STREET ADDRESS <b>993 FATTO RD.</b>	CITY-ST-ZIP <b>DELAND FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>SMITH, PAULETTE D</b>	STREET ADDRESS <b>840 W. KICKLIGHTER RD</b>	CITY-ST-ZIP <b>LAKE HELEN FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>HARRIS, DARRYL D.</b>	STREET ADDRESS <b>615 S. PARSONS AVE.</b>	CITY-ST-ZIP <b>DELAND FL</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>DITSLEAR, DIANE E</b>	STREET ADDRESS <b>761 OLD TREELINE TRAIL</b>	CITY-ST-ZIP <b>DELAND FL</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Rachel Sieg</b>	
2.3 STREET ADDRESS <b>325 N. Frankfort Ave.</b>	
2.4 CITY-ST-ZIP <b>DeLand, FL 32724</b>	
3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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.

SIGNATURE: *Paulette Smith* DATE: **3/5/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/97)