


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90112 002 ****61.25

0013917

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N50365

1. Corporation Name
GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business 840 W KICKLIGHTER RD LAKE HELEN FL 32744 US	Mailing Address 840 W KICKLIGHTER RD LAKE HELEN FL 32744 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/14/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3142274
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DITSLEAR, C R
108 W RICH AVE
DELAND FL 32720

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DITSLEAR, ROBERT E	
STREET ADDRESS	761 OLD TREELINE TRAIL	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIEG, RACHEL	
STREET ADDRESS	325 N FRANKFORT AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TULLY, KAHTLEEN M	
STREET ADDRESS	993 FATTO RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, PAULETTE D	
STREET ADDRESS	840 W. KICKLIGHTER RD	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DARRYL D.	
STREET ADDRESS	615 S. PARSONS AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DITSLEAR, DIANE E	
STREET ADDRESS	761 OLD TREELINE TRAIL	
CITY-ST-ZIP	DELAND FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input 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 with all other like empowered.

SIGNATURE: Katherine Harris Date: 4/26/99 Daytime Phone #: (904) 736-3720

CR2E037 (1/198)