


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90542 035 ****61.25

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| DOCUMENT # N50365 |  |
| 1. Entity Name GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC. | |

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

14014666



01102005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3142274 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

SMITH, PAULETTE D
 840 W KICKLIGHTER RD
 LAKE HELEN, FL 32744

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CALKINS, TERRY 2514 KRINKLEWOOD DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MONROE, ALICIA 526 S THOMPSON ST DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARLON, HARRIS 3131 MAPLE SHADE DELTONA, FL 32738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, PAULETTE D 840 W. KICKLIGHTER RD LAKE HELEN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, DARRYL D 615 S. PARSONS AVE. DELAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAMIKA, JOYCE 647 S THOMPSON DELAND, FL 32720 |

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12. 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 report or supplemental 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paulette Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/28/05* Daytime Phone #: *386 801-4085*