2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

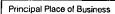
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1. Entity Name

GREATER DELAND YOUTH FOOTBALL ASSOCIATION,

INC.



840 W KICKLIGHTER RD LAKE HELEN, FL 32744

US



US

Mailing Address

840 W KICKLIGHTER RD

LAKE HELEN, FL 32744



01102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3142274 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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				IN THIS SPACE				
the obligatio	named entity submits this statement for the ins of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS	Ī	<u> </u>				
NAME STREET ADDRESS	T CALKINS, TERRY 2514 KRINKLEWOOD DELAND, FL 32724							
NAME STREET ADDRESS	S MONROE, ALICIA 526 S THOMPSON ST DELAND, FL 32720		DO NOT WRITE					
NAME STREET ADDRESS	D MARLON, HARRIS 3131 MAPLE SHADE DELTONA, FL 32738							
NAME STREET ADDRESS	PD SMITH, PAULETTE D 840 W. KICKLIGHTER RD LAKE HELEN, FL		IN THIS SPACE					
NAME STREET ADDRESS	D HARRIS, DARRYL D 615 S. PARSONS AVE. DELAND, FL	•						
NAME STREET ADORESS	D TAMIKA, JOYCE 647 S THOMPSON DELAND, FL 32720							

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 the 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 atjachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR