

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

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

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

**DOCUMENT # N50365**

1. Entity 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**

**14014666**



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

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

**DO NOT WRITE  
IN THIS SPACE**

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

*4/28/05*

Date

*386 801-4085*

Daytime Phone #