


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 050 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04112007 Chg-NP CR2E037 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	CALKINS, TERRY	
STREET ADDRESS	2514 KRINKLEWOOD	
CITY - ST - ZIP	DELAND, FL 32724	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONROE, ALICIA	
STREET ADDRESS	526 S THOMPSON ST	
CITY - ST - ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLON, HARRIS	
STREET ADDRESS	3131 MAPLE SHADE	
CITY - ST - ZIP	DELTONA, FL 32738	
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	TAMIKA, JOYCE	
STREET ADDRESS	647 S THOMPSON	
CITY - ST - ZIP	DELAND, FL 32720	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

SIGNATURE: *Paulette Smith* Date: *4/20/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR