


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3142274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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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U00000917384
05/13/08-80037-022 61.25

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: 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #