


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90304 029 ****61.25

DOCUMENT # N50365

1. Entity Name
GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.



Principal Place of Business Mailing Address

**840 W KICKLIGHTER RD
LAKE HELEN FL 32744
US** **840 W KICKLIGHTER RD
LAKE HELEN FL 32744
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	RAY, LEROY	
STREET ADDRESS	720 E NEW ST	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calkins, Terry	
STREET ADDRESS	2514 Krinklewood	
CITY-ST-ZIP	Deland, FL 32724	
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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Pauletta D Smith*

CR2E037 (10/02)