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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004745 (6)**

1. Corporation Name

**EAST MANATEE YOUTH FOOTBALL ASSOCIATION, INC.**

Principal Place of Business

**1154 CARMELLA CIRCLE  
SARASOTA FL 34243  
US**

Mailing Address

**PO BOX 21091  
BRADENTON FL 34204-1091  
US**



3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, GARFIELD  
1154 CARMELLA CIRCLE  
SARASOTA FL 34243**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **JACKSON, GARFIELD**  
STREET ADDRESS **1154 CARMELLA CIRCLE**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VD** ☐ DELETE  
NAME **COLLINS, JOHN**  
STREET ADDRESS **ROBINSON ROAD**  
CITY-ST-ZIP **MYAKKA CITY FL**

TITLE **SD** ☒ DELETE  
NAME **GIORDANO, JEANNE**  
STREET ADDRESS **5515 33RD ST E**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** ☐ DELETE  
NAME **GERALDINE, DENT**  
STREET ADDRESS **4811 11TH AVE, CIRCLE EAST**  
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE  
NAME **PRILLAMAN, PAUL E**  
STREET ADDRESS **7175 GULF OF MEXICO DRIVE#24**  
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **S.D. ELLEN "REE" EARLY**  
3.3 STREET ADDRESS **5507 33RD STREET EAST**  
3.4 CITY-ST-ZIP **BRADENTON, FLORIDA 34203**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul E. Prillaman** **PAUL E. PRILLAMAN** **4/17/97** **941-383-5309**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081455

CR2E037 (9/96)