FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:16

DOCUMENT # N94000001762 (3)

1. Corporation Name
KISSIMMEE YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
100 LAKESHORE BLVD. KISSIMMEE FL	100 LAKESHORE BLVD. KISSIMMEE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3179668 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAINES, SUSAN A
860 SHORE DRIVE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: KERSEY LISA
82 Street Address (P.O. Box Number is Not Acceptable): 3301 N. CANOE CREEK RD.
83
84 City: KENANSVILLE FL 85 Zip Code: 34739

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lisa M. Kersey 5/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HULON, MIKEL W	1.2 NAME		
STREET ADDRESS	701 MARLO RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DOWNS, PHIL	2.2 NAME	WELLS, JIM	
STREET ADDRESS	1379 MEADOWBROOK	2.3 STREET ADDRESS	2361 PLEASANT HILL RD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCCOY, CHRIS	3.2 NAME	LANIER, CASSIE	
STREET ADDRESS	2429 E. ROBLE DR. #211	3.3 STREET ADDRESS	1675 LOUIS DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BURGESS, DEBRA L	4.2 NAME	KERSEY, LISA	
STREET ADDRESS	197 POINSETTIA DR.	4.3 STREET ADDRESS	3301 N. CANOE CREEK RD.	
CITY-ST-ZIP	KISSIMMEE FL 34743	4.4 CITY-ST-ZIP	KENANSVILLE, FL. 34739	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FISHER, RANDY	5.2 NAME	CALDWELL, CHRIS	
STREET ADDRESS	78 W. CEDARWOOD CIRCLE	5.3 STREET ADDRESS	100 LAKESHORE BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34743	5.4 CITY-ST-ZIP	KISSIMMEE, FL. 34741	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	IVESON, CATHE	6.2 NAME	SLUTSKY, KAREN	
STREET ADDRESS	1011 LONGWIND WAY	6.3 STREET ADDRESS	3380 BLOSSOM ST.	
CITY-ST-ZIP	KISSIMMEE FL 34744	6.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mikel W. Hulon 5/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020645