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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000001762 (3)**

1. Corporation Name
KISSIMMEE YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
100 LAKESHORE BLVD. KISSIMMEE FL	P.O. BOX 451343 KISSIMMEE FL 34745-1343

3. Date Incorporated or Qualified: **04/07/1994**
3a. Date of Last Report: **11/18/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAINES, SUSAN
729 ADRIANE PARK CR.
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, JIM		1.2 NAME	
STREET ADDRESS	2754 GREEN MEADOW CR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTZLER, GENE		2.2 NAME	
STREET ADDRESS	117 CORAL REEF CR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HULON, REBECCA		3.2 NAME	
STREET ADDRESS	701 MARLO RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, MARCY		4.2 NAME	
STREET ADDRESS	675 CADILLAC BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, RANDY		5.2 NAME	
STREET ADDRESS	78 W. CEDARWOOD CR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FONCANNON, SANDY		6.2 NAME	
STREET ADDRESS	1180 WINDWAY CR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [signature] **REQUIRED** 4/5/97 407/847-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070052