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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-3179668 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 100 Lake Shore BLVD	26 P.O. Box 451343
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Kiss Fl	28 City & State: Kiss Fl
24 Zip: 34744 25 Country: USA	29 Zip: 34745 30 Country: USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAINES, SUSAN 720 ADRIANE PARK CR. KISSIMMEE FL 34744	81 Name: Teresa CRUZ 82 Street Address (P.O. Box Number is Not Acceptable): 906 Van Hieu St 83: Ki 84 City: Kiss FL 85 Zip Code: 34744

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: Teresa Cruz — 5/18/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELLS, JIM 2754 GREEN MEADOW CR. KISSIMMEE FL 34741	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD DiLeonardo, Joe Pd 1840 Kingsbury Ct Kissimmee Fl 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUTZLER, GENE 117 CORAL REEF CR. KISSIMMEE FL 34744	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Allen Lawson 1311 Cinder Lane Kissimmee, Fl 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HULON, REBECCA 701 MARLO RD. KISSIMMEE FL 34744	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Vicki Miller 1422 Amanda Rd Kiss	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMPBELL, MARCY 675 CADILLAC BLVD. KISSIMMEE FL 34741	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Betty Joe Rutzler 117 Coral Reef Circle Kiss Fl 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, RANDY 78 W. CEDARWOOD CR. KISSIMMEE FL 34744	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Dawn Mendez 2530 Hikers Ct Kiss Fl 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: Teresa Cruz — 4/21/98 — 846-2815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070762