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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001762**

1. Corporation Name
KISSIMMEE YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
100 LAKESHORE BLVD. KISSIMMEE FL 34744 US	P.O. BOX 451343 KISSIMMEE FL 34745-1343

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3179668 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRUZ, TERESA
906 VAN LIEU ST
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Ann Marie T. Glover
82 Street Address (P.O. Box Number is Not Acceptable): 142 Hollyhock Ct
83:
84 City: Kissimmee FL 85 Zip Code: 34743

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: Ann M Glover — 4-16-99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DILEONARDO, JOE		1.2 NAME		
STREET ADDRESS	1840 KINGSBURY CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	LAWSON, ALLEN		2.2 NAME	Ross GLUNT	
STREET ADDRESS	1311 CINDER LN		2.3 STREET ADDRESS	1350 N Lyndell Dr	
CITY-ST-ZIP	KISSIMMEE FL 34744		2.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, VICKI		3.2 NAME		
STREET ADDRESS	1422 AMANDA RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	RUTZLER, BETTY J		4.2 NAME	Terral L. Hardy	
STREET ADDRESS	117 CORAL REEF CIR		4.3 STREET ADDRESS	1554 Destiny Blvd. #107	
CITY-ST-ZIP	KISSIMMEE FL 34744		4.4 CITY-ST-ZIP	Kissimmee, Fla. 34741	
TITLE	SD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MENDEZ, DAWN		5.2 NAME	SD Mariana W. Bell	
STREET ADDRESS	2530 HIKERS CT		5.3 STREET ADDRESS	2935 Twin Oaks Dr.	
CITY-ST-ZIP	KISSIMMEE FL 34744		5.4 CITY-ST-ZIP	Kiss. FL. 34744	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #