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

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003734 (0)**

1. Corporation Name

COCOA YOUTH FOOTBALL ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 3092 COCOA FL 32922	PO BOX 3092 COCOA FL 32922

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:
4. FEI Number: 59-325-8954 ☐ 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

VON HOLEN, EDWARD
925 S FLORIDA AVE
ROCKLEDGE FL 32955

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 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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	COUFMAN, KEVIN	12 NAME	200001517172
STREET ADDRESS	4625 DOWLING CIR	13 STREET ADDRESS	-06/20/95--01039--011
CITY-ST-ZIP	COCOA FL 32927	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COWENS, JAMES R	22 NAME	
STREET ADDRESS	1104 PARK DR	23 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARRELL, ROY D	32 NAME	
STREET ADDRESS	PO BOX 113 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GONZALES, JUAN A	42 NAME	Candy Lynne Plotts
STREET ADDRESS	833 MORNINGSIDE DR	43 STREET ADDRESS	1201 Willow Lane
CITY-ST-ZIP	COCOA FL 32922	44 CITY-ST-ZIP	Cocoa, Fl 32922
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GONZALES, SANDRA	52 NAME	**REMITTED BY MAY 1**
STREET ADDRESS	833 MORNINGSIDE DR	53 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VON HOLLEN, EDWARD	62 NAME	
STREET ADDRESS	1860 OLLIE ST	63 STREET ADDRESS	T.S. 6/16/95
CITY-ST-ZIP	COCOA FL 32922	64 CITY-ST-ZIP	

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: _____ 4-20-95 632-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037000