

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90025 042 ****61.25

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1. Entity Name

SUNCOAST YOUTH FOOTBALL CONFERENCE, INC.



Principal Place of Business

1921 BLUE HERON WAY
PALM HARBOR FL 34683
US

Mailing Address

PO BOX 470
DUNEDIN FL 34697
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3289773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, LEONARD W JR
1921 BLUE HERON WAY
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ANDERSON, LEONARD W JR
STREET ADDRESS 1921 BLUE HERON WAY
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE DS ☐ Delete
NAME AVISE, JACQUE
STREET ADDRESS 895 SEMINOLE BLVD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE T ☒ Delete
NAME WADE, HELEN
STREET ADDRESS 1700 174TH CIR NE
CITY-ST-ZIP ST PETE FL 33702

TITLE VP ☒ Delete
NAME SIMPSON, SALLY
STREET ADDRESS 9700 1ST STREET N
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Rev. Johnnie Williams Matthews
STREET ADDRESS 2541 54th Ave. South
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE VP ☐ Change ☒ Addition
NAME Donovan Hamlet
STREET ADDRESS 1653 Oak Springs Dr
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie Avise

5/4/7

Date

Daytime Phone #