COF ANNI	ONPROFIT RPORATION JAL REPORT 1996	Sand Sec DIVISION	FARIMENT OF STATE tra B. Mortham tretary of State OF CORPORATIONS		
WEST Principal Place 8422 FISHER	COAST YOUTH FOOTBALI of Business MANS POINTE DRIVE	Mailing Address P.O. BOX 16098	,		
IEMPLE IEM	RACE FL 33637	TEMPLE TERRACE FI	L 33687-6098	3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-335462	
City & State		27 City & State		Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required
Zip 24	Country 25 9. Name and Address of Curre	∠ip 29	Country 30	8. This corporation has liability for Florida Statutes 10. Name and Address of New R	intangible tax under s. 199.032, Yes No
11. Pursuant to or register familiar with SIGNATURE	th, and accept the obligations of, Sec	tion 617.0503. Florida Statuti	es.	ration submits this statement for the pur rd of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered office postered agent. I am
12.	Signature, typed or printed name of registered ager	nt and title if applicable (I ND DIRECTORS	NOTE: Registered Agent signature require		DATE
7ITLE NAME STREET ADDRESS CITY - ST - ZIP	D WING, KENNETH G P.O. BOX 16098 N/A TEMPLE TERRACE FL 33687	DELETE	13. 11 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS: CHANGES TO OFFI	CERS AND DIRECTORS IN 12 50 Change Addition 2 50 Ch
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, DAVE 6610 SEABIRD WAY APOLLO BEACH FL 33572	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STHEET ADDRESS 2 4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albritton, Mike 741 Fortuna Drive Brandon Fl 33511	DEFELE	3 + TITLE 3 2 NAME - 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		☐ Change ☐ Add-tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lapointe, Larry 2228 Wildwood Hollow (Valrico Fl 33594	□ OELETE D RIVE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	90000186 -06/19/96010: ***61.25	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, RANDY P.O. BOX 1787 N/A DOVER FL 33527	DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		Change Addition
oath; that I	certify that therioformation supplied the information indicated on this anni am an officer ordinector of the dopo Block 12 or Block 13 if changed for	rakon or the receiver or to icta	nished and does not qualify to nual report is true and accurate	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 617, Flor	7(3)(k), Florida Statues. Lfurther ame legal effect is if made under ida Statutes; and that my name