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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000437 (2)

1. Corporation Name

WEST COAST YOUTH FOOTBALL CONFERENCE, INC.



Principal Place of Business

Mailing Address

~~6422 FISHERMANS POINTE DRIVE
TEMPLE TERRACE FL 33607~~

~~P.O. BOX 16098
TEMPLE TERRACE FL 33687-6098~~

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 1207 N. HIMES AVE

22 SUITE 1

23 TAMPA, FL

24 33607 25 USA

2a. Mailing Address

26 1207 N. HIMES AVE

27 SUITE 1

28 TAMPA, FL

29 33607 30 USA

4. FEI Number
59-3354624

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WING, KENNETH G
41201 NORTH MCKINLEY DRIVE
TAMPA FL 33612-6402

10. Name and Address of New Registered Agent

81 Name

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

1207 NORTH HIMES AVENUE

83 SUITE 1

84 City TAMPA

FL 85 Zip Code 33607

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

Kenneth G. Wing
Signature, typed or printed name of registered agent and title, applicable

KENNETH G. WING

2/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WING, KENNETH G
STREET ADDRESS P.O. BOX 16098 N/A
CITY-ST-ZIP TEMPLE TERRACE FL 33687-6098

TITLE ~~D~~ ☒ DELETE
NAME ~~SUTHERLAND, DAVE~~
STREET ADDRESS ~~6610 SEABIRD WAY~~
CITY-ST-ZIP ~~APOLLO BEACH FL 33572~~

TITLE ~~D~~ ☒ DELETE
NAME ~~ALBRITTON, MIKE~~
STREET ADDRESS ~~741 FORTUNA DRIVE~~
CITY-ST-ZIP ~~BRANDON FL 33511~~

TITLE D ☐ DELETE
NAME LAPOINTE, LARRY
STREET ADDRESS 2228 WILDWOOD HOLLOW DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ DELETE
NAME PROCTOR, RANDY
STREET ADDRESS P.O. BOX 1787 N/A
CITY-ST-ZIP DOVER FL 33527

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Kenneth G. Wing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

813-870-0604
Daytime Phone # 0049364

CR2E037 (9/96)