

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000437

FILED
Jul 06, 2006
Secretary of State

Entity Name: WEST COAST YOUTH FOOTBALL CONFERENCE, INC.

Current Principal Place of Business:

11500 SUMMIT WEST BLVD., #7-C
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11500 SUMMIT WEST BLVD., #7-C
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 59-3354624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WING, KENNETH G ESQ
11500 SUMMIT WEST BLVD., #7-C
TEMPLE TERRACE, FL 33617 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOWLER, GARY
Address: 5790 HIGH RIDGE LOOP
City-St-Zip: LAKELAND, FL 33813 US

Title: VD () Delete
Name: MORRIS, MARTY
Address: 2216 HIGH POINT DR
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: MCCARN, MIKE
Address: 29507 BIRDSEYE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD () Delete
Name: GUDE, STEVE
Address: 6914 DORMANY LOOP RD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MCCARN, MIKE
Address: 29057 BIRDSEYE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD (X) Change () Addition
Name: GUDE, STEVE
Address: 6914 DORMANY LOOP RD
City-St-Zip: PLANT CITY, FL 33566

Title: TD (X) Change () Addition
Name: JOHNSON, DAVE
Address: 540 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FOWLER

PD

07/06/2006

Electronic Signature of Signing Officer or Director

Date