

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 043 ****61.25

DOCUMENT # N95000000437



1. Entity Name
WEST COAST YOUTH FOOTBALL CONFERENCE, INC.

Principal Place of Business
**11500 SUMMIT WEST BLVD., #7-C
TEMPLE TERRACE, FL 33617 US**

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

50000259



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3354624

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME FOWLER, GARY
STREET ADDRESS 5790 HIGH RIDGE LOOP
CITY-ST-ZIP LAKELAND, FL 33813

TITLE PD ☐ Change ☐ Addition
NAME Wing, Kenneth G., Esquire
STREET ADDRESS 11500 Summit West Blvd #7-C
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE VD ☒ Delete
NAME MCCARN, MIKE
STREET ADDRESS 29057 BIRDSEYE DR
CITY-ST-ZIP WESLEY CHAPEL, FL 33543

TITLE VD ☐ Change ☐ Addition
NAME Gude, Steve
STREET ADDRESS 6914 Dormany Loop Rd
CITY-ST-ZIP Plant City, FL 33566

TITLE SD ☒ Delete
NAME GUDE, STEVE
STREET ADDRESS 6914 DORMANY LOOP RD
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE SD ☐ Change ☐ Addition
NAME McCarn, Mike
STREET ADDRESS 29057 Birdseye Dr
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE TD ☐ Delete
NAME JOHNSON, DAVE
STREET ADDRESS 540 ISLEBAY DRIVE
CITY-ST-ZIP APOLLO BEACH, FL 33572

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Chapter 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, without other like empowered.

SIGNATURE

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

Kenneth G. Wing, Esquire

1/11/2007

(813) 626-7304

Date

Daytime Phone #