

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90200 011 \*\*\*\*61.25

DOCUMENT # N95000001600

1. Corporation Name

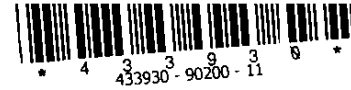
UNIVERSITY COUGARS YOUTH FOOTBALL ASSOCIATION, I  
NC.

Principal Place of Business

12472 LAKE UNDERHILL RD  
#131  
ORLANDO FL 32828  
US

Mailing Address

12472 LAKE UNDERHILL RD  
#131  
ORLANDO FL 32828  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

23-1582287

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

9. Name and Address of Current Registered Agent

MCCONNELL, ELROY  
1212 WATER HICKORY COURT  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name

John J. Koach

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

12850 Forestedge Circle

83

84 City

Orlando

FL

85 Zip Code

32828

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

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

John J. Koach, Treasurer

4/25/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD  
NAME KOACH, JOHN J  
STREET ADDRESS 12850 FORESTEDGE CIRCLE  
CITY-STATE-ZIP ORLANDO FL 32828 ☐ DELETE

TITLE CD  
NAME KEMP, JOHN  
STREET ADDRESS 13327 MEADOW LARK LANE  
CITY-STATE-ZIP ORLANDO FL 32828 ☐ DELETE

TITLE DD  
NAME PENNINGTON, NATALIE  
STREET ADDRESS 127 ANTRIM CT  
CITY-STATE-ZIP ORLANDO FL 32828 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE DD ☐ Change ☒ Addition  
3.2 NAME Andrea Elliot  
3.3 STREET ADDRESS 725 Brittany Lakes Lane #411  
3.4 CITY-STATE-ZIP Orlando, FL 32828

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

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

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

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED. Koach, Treasurer 4/25/99 (407) 826-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

0018288