

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003123 (5)

1. Corporation Name

MELBOUNE YOUTH FOOTBALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3200 BRENTWOOD LANE
MELBOURNE FL 32934

P.O. BOX 410102
MELBOURNE FL 32940

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/28/1995 | 3a. Date of Last Report |
| 4. FEI Number 59-330243 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

LAWLER, CHUCK
3200 BRENTWOOD LANE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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, of 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: *Chuck Lawler* DATE: **3/17/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Chuck Lawler | |
| STREET ADDRESS | 3200 Brentwood Lane | |
| CITY-ST-ZIP | Melbourne, Fl 32934 | |
| TITLE | Vice President No. | <input type="checkbox"/> DELETE |
| NAME | Anthony Graham | |
| STREET ADDRESS | P.O. Box 60706 | |
| CITY-ST-ZIP | Palm Bay 32906-0706 | |
| TITLE | Vice President So. | <input checked="" type="checkbox"/> DELETE |
| NAME | Harold Cato | |
| STREET ADDRESS | P.O. Box 60706 | |
| CITY-ST-ZIP | Palm Bay 32906-0706 | |
| TITLE | Secretary | <input type="checkbox"/> DELETE |
| NAME | Teresa Putterbaugh | |
| STREET ADDRESS | 2040 Jana Ct | |
| CITY-ST-ZIP | Viera, Fl 32940 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | Vice President So. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Rozell Milbry | |
| 1.3 STREET ADDRESS | 201 Lantana Ln | |
| 1.4 CITY-ST-ZIP | Melbourne, Fl 32901 | |
| 2.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Debbie Pisciotta | |
| 2.3 STREET ADDRESS | 3471 Saddle Brook | |
| 2.4 CITY-ST-ZIP | Melbourne, Fl 32934 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 500001780445 | |
| 5.3 STREET ADDRESS | -04/15/96--01062--025 | |
| 5.4 CITY-ST-ZIP | ***61.25 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **3/17/96** DAYTIME PHONE #: **(407) 254-5263**

CR2E037 (12/95)