

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

MELBOURNE YOUTH FOOTBALL ASSOCIATION, INC.

Principal Place of Business

3200 BRENTWOOD LANE
MELBOURNE FL 32934

Mailing Address

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

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWLER, CHUCK
3200 BRENTWOOD LANE
MELBOURNE FL 32934

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

3/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Chuck Lawler
STREET ADDRESS 3200 Brentwood Lane
CITY-ST-ZIP Melbourne, FL 32934

1.1 TITLE Vice President So.
1.2 NAME Rozell Milbry
1.3 STREET ADDRESS 201 Lantana Ln
1.4 CITY-ST-ZIP Melbourne, FL 32901

TITLE Vice President No.
NAME Anthony Graham
STREET ADDRESS P.O. Box 60706
CITY-ST-ZIP Palm Bay 32906-0706

2.1 TITLE Treasurer
2.2 NAME Debbie Pisciotto
2.3 STREET ADDRESS 3471 Saddle Brook
2.4 CITY-ST-ZIP Melbourne, FL 32934

TITLE Vice President So.
NAME Harold Cato
STREET ADDRESS P.O. Box 60706
CITY-ST-ZIP Palm Bay 32906-0706

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

TITLE Secretary
NAME Teresa Puterbaugh
STREET ADDRESS 2040 Jana Ct
CITY-ST-ZIP Viera, FL 32940

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96 (407)254-5263

DATE

Daytime Phone #

CR2E037 (12/95)