

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N95000003123 (5)**  
 1. Corporation Name

**MELBOURNE YOUTH FOOTBALL AND CHEERLEADING ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business                    | Mailing Address                                  |
| 1574 DANDELION DR.<br>MELBOURNE FL 32935<br>US | P.O. BOX 360656<br>MELBOURNE FL 32936-0656<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | Applied For    |
| 06/28/1995                        | Not Applicable |
| 4. FEI Number                     | Applied For    |
| NOT APPLICABLE                    | Not Applicable |

|                                |                     |
|--------------------------------|---------------------|
| 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             |
| 24                             | 25                  |
| 29                             | 30                  |

|   |                         |
|---|-------------------------|
| 5. Certificate of Status Desired  | Additional Fee Required |
| <input type="checkbox"/>  | \$8.75                  |
| 6. Election Campaign Financing Trust Fund Contribution  | May Be Added to Fees    |
| <input type="checkbox"/>  | \$5.00                  |
| 7. Is this nonprofit corporation a homeowners association?  |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |                         |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |                         |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |                         |

**9. Name and Address of Current Registered Agent**

KRAUSE, JIM  
 1574 DANDELION DR.  
 MELBOURNE FL 32935

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PT                     | <input type="checkbox"/> DELETE            |
| NAME           | KRAUSE, JIM            |  |
| STREET ADDRESS | 1574 DANDELION DR      |  |
| CITY-ST-ZIP    | MELBOURNE FL 32935     |  |
| TITLE          | VPD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRAHAM, ANTHONY        |  |
| STREET ADDRESS | PO BOX 60706 N/A       |  |
| CITY-ST-ZIP    | PALM BAY FL 32906-0706 |  |
| TITLE          | ST                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | BOLLINGER, MICHELLE    |  |
| STREET ADDRESS | 546 IRONWOOD DR        |  |
| CITY-ST-ZIP    | MELBOURNE FL 32935     |  |
| TITLE          | TTR                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | GOFF, BELINDA          |  |
| STREET ADDRESS | 1062 HOLLAND ST        |  |
| CITY-ST-ZIP    | MELBOURNE FL 32935     |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <del>Bonnie</del> Bell, Ronald   |
| 2.3 STREET ADDRESS | 1040 Big Horn Circle   |
| 2.4 CITY-ST-ZIP    | Palm Bay FL, 32907   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | ST Krause Sandra   |
| 3.3 STREET ADDRESS | 1574 Dandelion Dr.   |
| 3.4 CITY-ST-ZIP    | Melbourne, FL 32935  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | TTR Bollinger, Michelle  |
| 4.3 STREET ADDRESS | 546 Ironwood Dr.   |
| 4.4 CITY-ST-ZIP    | Melbourne, FL. 32935   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Michelle Bollinger* Michelle Bollinger 1-10-98 (407) 259-5103  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019475

CR2E037 (10/97)