


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 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.
MELBOURNE FL 32935
US

P.O. BOX 360656
MELBOURNE FL 32936-0656
US



3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAUSE, JIM
1574 DANDELION DR.
MELBOURNE FL 32935

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, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bell, Ronald Bell, Ronald	
2.3 STREET ADDRESS	1040 Big Horn Circle	
2.4 CITY - ST - ZIP	Palm Bay FL 32907	

3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Krause Sandra	
3.3 STREET ADDRESS	1574 Dandelion Dr.	
3.4 CITY - ST - ZIP	Melbourne, FL 32935	

4.1 TITLE	TTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	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)(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.

SIGNATURE:

Michelle Bollinger **Michelle Bollinger** 1-10-98 (407) 510-2595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0019475

CR2E037 (10/97)