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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ~~ANNUAL REPORT~~
1996-1997

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

DOCUMENT # N95000003210

1. Corporation Name
Volusia Panthers Youth Tackle Football Association Inc.

Principal Place of Business	Mailing Address
Robert A. Simmons 2578 Haulover Blvd. Deltona Fl. 32738	Same ←

REINSTATEMENT 96-97

2. Principal Place of Business 21 Deltona Fl.	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22 2578 Haulover Blvd.	Suite, Apt. #, etc. 27 Same
City & State 23 Deltona Fl.	City & State 28 Same
Zip / Country 24 32738 / 25 Volusia	Zip / Country 29 Same / 30 Same

3. Date Incorporated or Qualified 3-95	3a. Date of Last Report None
4. FEI Number	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Robert A. Simmons Jr. 2578 Haulover Blvd. Deltona Fl. 32738	81 Name: Same 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] 3-11-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(D) President / Commissioner Robert Simmons A. 2578 Haulover Blvd Deltona Fl 32738	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R Nathaly Simmons 2578 Haulover Blvd Deltona Fl 32738	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(D) Treasurer / Secretary R. Nathaly Simmons 2578 Haulover Blvd Deltona Fl 32738	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Krebs 2971 S Portsmouth St. Deltona Fl 32738	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(D) Cheerleading Director Angie McCarty 1107 S. Cooper Dr. Deltona. Fl	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Theresa Krebs 2971 S Portsmouth St Deltona Fl 32738	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800002299788---8 -09/22/97--01119--003 ****175.00 ****175.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Inosencio 622 Brunswick Ten Deltona Fl 32725	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800002299788---8 -09/22/97--01119--004 ****122.50 ****122.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandy Inosencio 622 Brunswick Ten Deltona. Fl 32738	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: [signature] 6-1-97 (904) 789-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #