SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: \_

BIGNATURE AND TYPED OR F



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 17 1998 8:00am\*

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500003210 (0)

## VOLUSIA PANTHERS YOUTH TACKLE FOOTBALL ASSOCIATION, INC.

Principal Place of Business Malling Address 2578 HAULOVER BLVD 2578 HAULOVER BLVD 3. Date Incorporated or Qualified DELTONA EL 32738 **DELTONA FL 32738** 06/23/1995 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 PO Box 390581 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowner essociation?

Yes X No City & State City & State 23 Deltona, Florida 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 32739-0581 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name James Gray SIMMONS, ROBERT A JR 82 Street Address (P.O. Box Number is Not Acceptable) 2578 HAULOVER BLVD 2579 Haulover Blvd. 83 **DELTONA FL 32738** 84 City Zio Code Deltona 32738 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 obligation of, section 617.0503, Florida Statutes. amer SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE POD 1.1 TITLE DELETE PD Change Addition SIMMONS, ROBERT A NAME 1.2 NAME James Gray STREET ADDRES 2578 HAULOVER BLVD 1.3 STREET ADDRESS 2579 Haulover Blvd. **DELTONA FL 32738** CITY-ST-ZIP 1.4 CITY-ST-ZIP Deltona, FL 32738 21 TITLE X DELETE Change Addition NAME SIMMONS, NATHALY R 2.2 NAME Germaine Mullins 2578 HAULOVER BLVD 2.3 STREET ADDRESS STREET ADDRES 2892 Forest Edge Dr **DELTONA FL 32738** 2.4 CITY-ST-ZIP CITY-ST-ZIP Deltona, FL 32725 3.1 TITLE Change Addition TITLE X DELETE TD NAME MCCARTY, ANGIE 3.2 NAME Crystal J. Fish STREET ADDRESS |1167 S. COOPER DR 3.3 STREET ADDRESS 2544 Haulover Blvd. **DELTONA FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP Deltona, FL 32738 4.1 TITLE Change Addition TITLE DELETE ·MD 4.2 NAME NAME Kevin Smith 4.3 STREET ADDRESS STREET ADDRESS 1586 Langan CITY-ST-ZIP 4.4 CITY-ST-ZIP Deltona, FL 32738-5.1 TITLE TITLE DELETE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 attamment with an address.