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 — 99AR

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

FILED
99 JAN 25 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # N95000003210 (0)

1. Corporation Name
VOLUSIA PANTHERS YOUTH TACKLE FOOTBALL ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
2578 HAULOVER BLVD DELTONA FL 32738	2578 HAULOVER BLVD DELTONA FL 32738

3. Date Incorporated or Qualified: 06/23/1995
4. FEI Number: NOT APPLICABLE — ☐ 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
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

2. Principal Place of Business	3. Mailing Address
21	26 PO Box 390581
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Deltona, Florida
Zip 24 / Country 25	Zip 29 32739-0581 / Country 30 USA

9. Name and Address of Current Registered Agent
SIMMONS, ROBERT A JR
2578 HAULOVER BLVD
DELTONA FL 32738

10. Name and Address of New Registered Agent
81 Name: James Kevin Smith
82 Street Address (P.O. Box Number is Not Acceptable): 1586 Langan Ave
83
84 City: Deltona FL 85 Zip Code: 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 obligations of, section 617.0503, Florida Statutes.

SIGNATURE James Kevin Smith — DATE 1-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PCD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMMONS, ROBERT A		1.2 NAME	James Kevin Smith	
STREET ADDRESS	2578 HAULOVER BLVD		1.3 STREET ADDRESS	1586 Langan Ave	
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY-ST-ZIP	Deltona, FL 32738	
TITLE	TSD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SIMMONS, NATHALY R		2.2 NAME	Crystal J. Fish	
STREET ADDRESS	2578 HAULOVER BLVD		2.3 STREET ADDRESS	2544 Haulover Blvd	
CITY-ST-ZIP	DELTONA FL 32738		2.4 CITY-ST-ZIP	Deltona, FL 32738	
TITLE	CD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCCARTY, ANGIE		3.2 NAME	Lenelle Hartner	
STREET ADDRESS	1167 S. COOPER DR		3.3 STREET ADDRESS	1701 W. Chapel Dr	
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE		☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME			4.2 NAME	Brenda Crichfield	
STREET ADDRESS			4.3 STREET ADDRESS	2487 Lackland Dr	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Deltona, FL 32738	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR 1/25/99

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: James Kevin Smith — 1-3-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE