

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90003 021 \*\*\*\*61.25

**DOCUMENT # N95000003210**

1. Entity Name  
**VOLUSIA PANTHERS YOUTH TACKLE FOOTBALL  
ASSOCIATION, INC.**



Principal Place of Business  
**300 NORTH STATE ROAD 415  
OSTEEN, FL 32764 US**

Mailing Address  
**P.O. BOX 390581  
DELTONA, FL 32739-0581 US**



07272004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**PATSOS, SAMUAL J  
300 NORTH STATE ROAD 415  
OSTEEN, FL 32764**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-13-04**

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	JONES, EARL
STREET ADDRESS	654 STALLINGS AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	TD
NAME	SOTERO, KATHY
STREET ADDRESS	828 WESTBROOK TERRACE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	SD
NAME	PATSOS, SAMUEL J "SKIP"
STREET ADDRESS	300 NORTH STATE ROAD 415
CITY-ST-ZIP	OSTEEN, FL 32764
TITLE	TD
NAME	Gager Leslie.
STREET ADDRESS	1488 Amy Circle.
CITY-ST-ZIP	32738. Deltona, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Aug 13<sup>th</sup> 2004 407-321-1000 ext 24**