


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90005 016 ****70.00

DOCUMENT # N95000003210 1. Entity Name VOLUSIA PANTHERS YOUTH TACKLE FOOTBALL ASSOCIATION, INC.					
Principal Place of Business 2925 GALLUP COURT DELTONA, FL 32738 US			Mailing Address P.O. BOX 391641 DELTONA, FL 32739 US		
2. Principal Place of Business 470 E. Wisconsin Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Orange City		City & State		4. FEI Number NOT APPLICABLE	
Zip 32763		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNING, LISA M 2925 GALLUP COURT DELTONA, FL 32738				7. Name and Address of New Registered Agent Name Scott Browning Street Address (P.O. Box Number is Not Acceptable) 470 E. Wisconsin Avenue Orange City FL 32763	
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 <u><i>Scott Browning</i></u> 7/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKENS, KEN 196 LARCHMONT DRIVE DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kenny Pickens JR 196 Larchmont Drive Deltona FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, JASON 1795 DUBLIN RD DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dawn Unger 1891 Monte Bello Avenue Deltona FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWNING, LISA M 2925 GALLUP COURT DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cammie Humphrey 2154 Webster Court Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKLIN, RICK 1900 FIREMANS LANE DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWNING, SCOTT 2925 GALLUP COURT DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Scott Browning</i></u> 7/5/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					