

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003723 (2)

1. Corporation Name

SOUTHEAST FOOTBALL LEAGUE, INC.

Principal Place of Business

331-2 PENNELL CIRCLE
TALLAHASSEE FL 32310

Mailing Address

POST OFFICE BOX 20163
TALLAHASSEE FL 32316



3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

N/A

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

2. Principal Place of Business

2a. Mailing Address

21 982 Richardson Rd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 32301

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

SANDS, FRANKLIN F DR.
331-2 PENNELL CIRCLE
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

982 Richardson Rd

83

84 City

FL 85 Zip Code
32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			
TITLE	P	D	<input type="checkbox"/> DELETE
NAME	SANDS, FRANKLIN F DR.		
STREET ADDRESS	331-2 PENNELL CIRCLE		
CITY - ST - ZIP	TALLAHASSEE FL 32310		
TITLE	S	D	<input type="checkbox"/> DELETE
NAME	SANDS, KATHERINE E		
STREET ADDRESS	331-2 PENNELL CIRCLE		
CITY - ST - ZIP	TALLAHASSEE FL 32310		
TITLE	VP	D	<input type="checkbox"/> DELETE
NAME	WIGGINS, JESSIE L		
STREET ADDRESS	13640 SOUTH WEST 103RD AVENUE		
CITY - ST - ZIP	MIAMI FL 33176		
TITLE			<input type="checkbox"/> DELETE
NAME	WIGGINS, MERCEDES		
STREET ADDRESS	331-2 PENNELL CIRCLE		
CITY - ST - ZIP	TALLAHASSEE FL 32310		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	982 Richardson Rd
1.4 CITY - ST - ZIP	32301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	982 Richardson Rd
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	13640 Southwest 103rd Ave
4.4 CITY - ST - ZIP	MIAMI, FL 33176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	500001927835
6.4 CITY - ST - ZIP	-08/21/96--01012--034

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073, 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 677, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/96 (904) 442-7383

CR2E037 (3/96)