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**FILED**
**May 01, 1999 8:00 am**
**Secretary of State**
05-01-1999 90072 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004647

1. Corporation Name
CLERMONT-MINNEOLA YOUTH FOOTBALL, INC.

576229 - 90009 - 14

| Principal Place of Business | Mailing Address |
|---|---|
| 15644 KONSINGTON TR.<br>CLERMONT FL 34711 | PO BOX 121601<br>CLERMONT FL 34712-1601 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 368 Hidden View Dr.<br>Suite, Apt. #, etc.<br>22 Groveland, Fl.<br>City & State<br>23<br>Zip 24 34736 Country 25 Lake | 2a. Mailing Address<br>26 PO Box 121601<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Clermont, Fl.<br>Zip 29 34712-1601 Country 30 Lake | 3. Date Incorporated or Qualified<br>09/01/1995<br>4. FEI Number<br>59-3342728 ☐ Applied For ☐ Not Applicable<br>5. Certificate of Status Desired ☐ $8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 8. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MACDONELL, JR., ALEX<br>1120 W. MAGNOLIA<br>CLERMONT FL 34712 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0500 and 617.1008, 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 _____ DATE
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 IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VP | ☒ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | MERRITT, FRED | | 1.2 NAME | Merritt, Fred | |
| STREET ADDRESS | 15834 CHARTER OAKS LN | | 1.3 STREET ADDRESS | 15834 Charter Oaks Trail | |
| CITY-ST-ZIP | CLERMONT FL 34711 | | 1.4 CITY-ST-ZIP | Clermont Fl 34711 | |
| TITLE | P | ☒ DELETE | 2.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | CRAWFORD, JOHN | | 2.2 NAME | Gargano, Nino | |
| STREET ADDRESS | 15644 KONSINGTON TR. | | 2.3 STREET ADDRESS | 2200 Robel Tr. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | | 2.4 CITY-ST-ZIP | Clermont, Fl. 34711 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | TAYLOR, CRAIG | | 3.2 NAME | Tillman, Cindi | |
| STREET ADDRESS | 15929 SAUSOLITO DR. | | 3.3 STREET ADDRESS | 368 Hidden View Dr. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | | 3.4 CITY-ST-ZIP | Groveland Fl. 34736 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | CRAWFORD, TRACY | | 4.2 NAME | Gargano, Debra | |
| STREET ADDRESS | 15644 KONSINGTON TR. | | 4.3 STREET ADDRESS | 2200 Robel Tr. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | | 4.4 CITY-ST-ZIP | Clermont Fl. 34711 | |
| TITLE | T | ☒ DELETE | 5.1 TITLE | Sgt. at Arms | ☐ Change ☒ Addition |
| NAME | WILLIS, SANDY | | 5.2 NAME | Tillman, Steve | |
| STREET ADDRESS | P.O. BOX 121601, N/A | | 5.3 STREET ADDRESS | 368 Hidden View Dr. | |
| CITY-ST-ZIP | CLERMONT FL 34712-1601 | | 5.4 CITY-ST-ZIP | Groveland Fl. 34736 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | SponSorship | ☐ Change ☒ Addition |
| NAME | MACDONNELL, JOHN | | 6.2 NAME | Waters, Greg | |
| STREET ADDRESS | P.O. BOX 700, N/A | | 6.3 STREET ADDRESS | 10600 Lake Ralph Dr. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | | 6.4 CITY-ST-ZIP | Clermont Fl. 34711 | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/21/99 407-560-5873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #