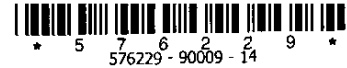


FILED
May 01, 1999 8:00 am
Secretary of State

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



2. Principal Place of Business 21 368 Hidden View Dr. Suite, Apt. #, etc. 22 Groveland, FL City & State 23 Zip 24 34736 Country 25 Lake		2a. Mailing Address 26 PO Box 121601 Suite, Apt. #, etc. 27 City & State 28 Clermont, FL Zip 29 34712-1601 Country 30 Lake		3. Date Incorporated or Qualified 09/01/1995 4. FEI Number 59-3342728 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	
9. Name and Address of Current Registered Agent MACDONELL, JR., ALEX 1120 W. MAGNOLIA CLERMONT FL 34712				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 <i>Alex Macdonell</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VP NAME MERRITT, FRED STREET ADDRESS 15834 CHARTER OAKS LN CITY-ST-ZIP CLERMONT FL 34711			1.1 TITLE P 1.2 NAME Merritt, Fred 1.3 STREET ADDRESS 15834 Charter Oaks Trail 1.4 CITY-ST-ZIP Clermont FL 34711		
TITLE P NAME CRAWFORD, JOHN STREET ADDRESS 15644 KONSINGTON TR. CITY-ST-ZIP CLERMONT FL 34711			2.1 TITLE VP 2.2 NAME Gargano, Nino 2.3 STREET ADDRESS 2200 Robel Tr. 2.4 CITY-ST-ZIP Clermont, FL 34711		
TITLE D NAME TAYLOR, CRAIG STREET ADDRESS 15929 SAUSOLITO DR. CITY-ST-ZIP CLERMONT FL 34711			3.1 TITLE Treasurer 3.2 NAME Tillman, Cindi 3.3 STREET ADDRESS 368 Hidden View Dr. 3.4 CITY-ST-ZIP Groveland FL 34736		
TITLE D NAME CRAWFORD, TRACY STREET ADDRESS 15644 KONSINGTON TR. CITY-ST-ZIP CLERMONT FL 34711			4.1 TITLE Secretary 4.2 NAME Gargano, Debra 4.3 STREET ADDRESS 2200 Robel Tr. 4.4 CITY-ST-ZIP Clermont FL 34711		
TITLE T NAME WILLIS, SANDY STREET ADDRESS P.O. BOX 121601, N/A CITY-ST-ZIP CLERMONT FL 34712-1601			5.1 TITLE Sat. at Arms 5.2 NAME Tillman, Steve 5.3 STREET ADDRESS 368 Hidden View Dr. 5.4 CITY-ST-ZIP Groveland FL 34736		
TITLE D NAME MACDONNELL, JOHN STREET ADDRESS P.O. BOX 700, N/A CITY-ST-ZIP CLERMONT FL 34711			6.1 TITLE Sponsorship 6.2 NAME Waters, Greg 6.3 STREET ADDRESS 10400 Lake Ralph Dr. 6.4 CITY-ST-ZIP Clermont FL 34711		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)