

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90220 041 \*\*\*\*70.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N96000000957</b>   |   |   |   |   |  |
| <b>1. Entity Name</b><br>LAKE GIBSON RENEGADE YOUTH FOOTBALL ASSOCIATION, INC.   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>3130 HARDIN COMBEE RD<br>LAKELAND, FL 33801  |   |   | <b>Mailing Address</b><br>3130 HARDIN COMBEE RD<br>LAKELAND, FL 33801   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>   |   | <b>50054860</b><br>   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   | 06292005    Chg-NP    CR2E037 (10/03)   |  |
| City & State   |   | City & State  |   | <b>4. FEI Number</b><br>59-3363564  |  |
| Zip  |   | Country   |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES, FL 33134  |   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| <b>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.</b>   |   |   |   |   |  |
| SIGNATURE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>OWEN, LARRY</del> <input type="checkbox"/> Delete<br>715 POWDER HORN ROW<br>LAKELAND, FL 33809               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>VT</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>VT</del> <input checked="" type="checkbox"/> Delete<br>PFLUKE, ROBIN<br>834 CONCORD LN<br>LAKELAND, FL 33809 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>VT</del> <input type="checkbox"/> Delete<br>SLOAN, STEPHEN A<br>3130 HARDIN COMBEE RD<br>LAKELAND, FL 33801  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Brandy Eatham<br>15215 Angus Rd<br>Polk City, FL 33868 |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Tadd Eatham<br>15215 Angus Rd<br>Polk City, FL 33868   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | 6-29-05    863-667-1999<br><small>Date    Daytime Phone #</small>   |   |   |  |