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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90122 004 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001288**

1. Corporation Name  
**SUNBELT YOUTH FOOTBALL, INC.**

Principal Place of Business

13252 NE 26TH AVE  
 COUNTRY HILLS ESTATE  
 OKEECHOBEE FL 34972  
 US

Mailing Address

P.O BOX 272  
 OKEECHOBEE FL 34973-0272  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0774318

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

KEMP, NORMA S.  
 13252 NE 26TH AVE  
 COUNTRY HILLS ESTATE  
 OKEECHOBEE FL 34973

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 617.1508, 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 Norma Sue Kemp ---/Secretary--- Norma Sue Kemp 4-02-99

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 PD  
 NAME MILTON, DAN  
 STREET ADDRESS 8103 WAKEFORD RD  
 CITY-ST-ZIP LAKE WALES FL

☒ DELETE

TITLE VPD  
 NAME SHADD, LARRY  
 STREET ADDRESS 125 WILDER RD  
 CITY-ST-ZIP LAKE WALES FL

☐ DELETE

TITLE SD  
 NAME KEMP, NORMA S  
 STREET ADDRESS 13252 NE 26TH AVE  
 CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE TD  
 NAME KEMP, JIMMY L  
 STREET ADDRESS 13252 NE 26TH AVE  
 CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
 1.2 NAME SHADD, LARRY  
 1.3 STREET ADDRESS 125 WILDER RD  
 1.4 CITY-ST-ZIP LAKE WALES, FLORIDA 33809

☒ Change ☒ Addition

2.1 TITLE VPD  
 2.2 NAME SLONE, BILL  
 2.3 STREET ADDRESS 820 ARIETTA CIRCLE  
 2.4 CITY-ST-ZIP AUBURNDALE, FLORIDA 33823

☐ Change ☒ Addition

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Norma Sue Kemp ---/Secretary--- Norma Sue Kemp 4-2-99- 941-467-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)