

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 042 ****61.25

DOCUMENT # N96000002735

1. Entity Name
**WEST VOLUSIA YOUTH FOOTBALL & CHEERLEADING
ASSOCIATION, INC.**



Principal Place of Business
**3015 JOLLET CT
DELTONA, FL 32738**

Mailing Address
**PO BOX 5544
DELTONA, FL 32728 US**

2. Principal Place of Business - No P.O. Box #
103 PINE SIDE DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 6486
Suite, Apt. #, etc.



05212008 Chg-NP CR2E037 (12/06)

City & State
DEBARY FL
Zip
32713
Country
US

City & State
DELTONA FL
Zip
32728
Country
US

4. FEI Number
NOT APPLICABLE
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUSTARDO, AMY
3015 JOLLETT CT
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name
TIM REGISTER
Street Address (P.O. Box Number is Not Acceptable)

103 PINE SIDE DR

City
DEBARY FL Zip Code
32713

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
REGISTER, TIM
STREET ADDRESS
63 PINE SIDE DR
CITY-ST-ZIP
DEBARY, FL 32713

TITLE
TD ☒ Delete
NAME
MUSTARDO, AMY
STREET ADDRESS
3015 JOLLETT CT
CITY-ST-ZIP
DELTONA, FL 32738

TITLE
S ☒ Delete
NAME
DOWERS, MICHELLE
STREET ADDRESS
41 MONROE AVE
CITY-ST-ZIP
DEBARY, FL 32713

TITLE
C ☐ Delete
NAME
SANDERFIELD, SCOTT
STREET ADDRESS
1239 GIOVANNI ST
CITY-ST-ZIP
DELTONA, FL 32725

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 ☒ Change ☐ Addition
NAME

STREET ADDRESS
103 PINE SIDE DR
CITY-ST-ZIP

TITLE
T ☐ Change ☐ Addition
NAME
JOE CURTIS
STREET ADDRESS
245 ENGLISH OAK DR
CITY-ST-ZIP
DEBARY FL 32713

TITLE
S ☐ Change ☐ Addition
NAME
LORI PEEPLES
STREET ADDRESS
120 TANGLEWOOD RD
CITY-ST-ZIP
DEBARY FL 32713

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY Z REGISTER

7-14-08

Date

407-619-2483

Daytime Phone #