## **FILE NOW: FILING FEE IS \$61.25** NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DER ARTMENT OF STATE

Sandra B. Worthaile

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600005583 (7)

GRACEVILLE PEE WEE FOOTBALL ASSOCIATION, INC.

FILED 97 SEP 23 AM 11: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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DENNIS, TRACY 5283 COTTON ST GRACEVILLE FL 32440  10. Name and Address of New Registered Agent  B2. Street Address (P.O. Box Number is Not Acceptable)  B3. Street Address (P.O. Box Number is Not Acceptable)  B3. Street Address (P.O. Box Number is Not Acceptable)  B3. Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  B3. Street Address (P.O. Box Number is Not Acceptable)  B4. City Receive FL 85 Zip Code  B5. Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  B4. City Receive FL 85 Zip Code  B5. Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  B6. City Receive FL 85 Zip Code  B7. City Receive FL 85 Z	,
DENNIS, TRACY 5263 COTTON ST GRACEVILLE FL 32440  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City Graceville  85 Zip Cook  86 City Graceville  87 Signature for the purpose of changing its recoffice 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 with the state of Florida Statutes. The above named corporation's board of directors. I hereby accept the appointment as registered agent with the state of Florida Statutes. The above named corporation's board of directors. I hereby accept the appointment as registered agent with the state of Florida Statutes. The state of Florida Statutes.  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Signature for the purpose of changing its recoffice or registered agent agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  94 DATE  95 Street Address (P.O. Box Number is Not Acceptable)  84 City Graceville  95 Street Address (P.O. Box Number is Not Acceptable)  85 Zip Cook  96 City Graceville  96 Street Address (P.O. Box Number is Not Acceptable)  97 DATE  98 Street Address (P.O. Box Number is Not Acceptable)  98 Street Address (P.O. Box Number is Not Acceptable)  99 Street Address (P.O. Box Number is Not Acceptable)  99 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  90 Street Address (P.O. Box Number is Not Acceptable)  91 Street Address (P.O. Box Number is Not Acceptable)  92 Street Address (P.O. Box Number is Not Acceptable)  93 Street Address (P.O. Box Number is Not Acceptable)  94 Street Address (P.O. Box Num	
5263 COTTON ST GRACEVILLE FL 32440  84 City GRACEVILLE  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 recoffice or registered agont, 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 agont, and privated name of registered agent and title dispriscable.  SIGNATURE  SCHARUFE, typed or privated name of registered agent and title dispriscable.  (NOTE: Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS IN  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 CALLOW AND	
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I do 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 charged, or on an attachment with an address.