

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Wortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 23 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N96000005583 (7)

1. Corporation Name

GRACEVILLE PEE WEE FOOTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5263 COTTON ST
GRACEVILLE FL 32440

5263 COTTON ST
GRACEVILLE FL 32440-2533

3. Date Incorporated or Qualified
10/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

DENNIS, TRACY
5263 COTTON ST
GRACEVILLE FL 32440

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32440-2

30

Sackson

4. FEI Number

59-3415045

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

Kim Miller

82

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

Rt 2 Box 305A

83

84

City

Graceville

FL

85

Zip Code

32440

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President (D)

☒

Change

☐

Addition

1.2 NAME

James McElkinn - 4921 Galloway Rd

1.3 STREET ADDRESS

P.O. Box 744 Graceville, FL

1.4 CITY-ST-ZIP

2.1 TITLE

Vice-President (D)

☒

Change

☐

Addition

2.2 NAME

Kim Miller

2.3 STREET ADDRESS

Rt 2 Box 305A Graceville FL

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary (D)

☒

Change

☐

Addition

3.2 NAME

Tereon Horton

3.3 STREET ADDRESS

5443 Browntown Rd.

3.4 CITY-ST-ZIP

Graceville, FL 32440

4.1 TITLE

Treasurer (D)

☒

Change

☐

Addition

4.2 NAME

Pamela Owens

4.3 STREET ADDRESS

3729 Ulysses Rd

4.4 CITY-ST-ZIP

Marianna, FL 32446

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

CP2E037 (9/96)