

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90097 034 ****61.25

DOCUMENT # N97000002210

1. Entity Name

SANFORD YOUTH FOOTBALL ASSOCIATION INC.



Principal Place of Business

**P.O. BOX 2895
SANFORD FL 32772-2895**

Mailing Address

**P.O. BOX 2895
SANFORD FL 32772-2895**

40732317



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3076615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STENSTROM, LAURA
308 LAKE BLVD
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name **Vivian M. Youngblood**

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

2139 H E Thomas Jr Pkwy

City **Sanford**

FL

Zip Code **32771**

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)

3/14/03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BROWN, CHRIS	PO BOX 2895	SANFORD FL 32773	
D	KORGAN, MIKE	PO BOX 2895	SANFORD FL 32773	<input checked="" type="checkbox"/>
S	GRABT, ANDELL	PO BOX 2895	SANFORD FL 32773	<input checked="" type="checkbox"/>
T	STENSTROM, LAURA	308 LAKE BLVD	SANFORD FL 32773	<input checked="" type="checkbox"/>
D	DIXON, ROGER	1788 PLANTATION US CIR	SANFORD FL 32773	<input checked="" type="checkbox"/>
D	PERKINS, LATRINA	P.O. BOX 2895	SANFORD FL 32772	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	McCloud, Joseph	PO Box 2895	Sanford FL 32772	<input checked="" type="checkbox"/>	
Secretary	Teran Gaines	PO Box 2895	Sanford FL 32772	<input checked="" type="checkbox"/>	
Treasurer	Vivian Youngblood	PO Box 2895	Sanford FL 32772	<input checked="" type="checkbox"/>	
	Brenda Hartsfield	PO Box 2895	Sanford FL 32772	<input checked="" type="checkbox"/>	
	Buwan Smedley	PO Box 2895	Sanford FL 32772	<input checked="" type="checkbox"/>	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vivian M. Youngblood 3/14/03 407 323-1328

CR2E037 (10/02)