


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90114 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000001373**

1. Corporation Name

**NORTHWEST BROWARD YOUTH FOOTBALL LEAGUE, INC.**

Principal Place of Business  
P.O. BOX 935198  
MARGATE FL 33093-5198

Mailing Address  
P.O. BOX 935198  
MARGATE FL 33093-5198



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-081-8607	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, DAWN  
4901 SW 10 ST.  
MARGATE FL 33068-4049

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Dale Edworthy <input type="checkbox"/> DELETE	1.1 TITLE	President Dale Edworthy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Edworthy	1.2 NAME	Dale Edworthy
STREET ADDRESS	6700 NW 6th St.	1.3 STREET ADDRESS	6700 NW 6th St.
CITY-ST-ZIP	Margate, FL 33063	1.4 CITY-ST-ZIP	Margate FL 33063
TITLE	Bill Clancy <input type="checkbox"/> DELETE	2.1 TITLE	Finance Commissioner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Clancy	2.2 NAME	William Clancy
STREET ADDRESS		2.3 STREET ADDRESS	5935 NW 72 St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE	Dawn Adams <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Adams	3.2 NAME	Dawn Adams
STREET ADDRESS		3.3 STREET ADDRESS	4901 SW 10 St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Margate, FL 33068
TITLE		4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SUE GARCIA
STREET ADDRESS		4.3 STREET ADDRESS	2130 NW 68 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Margate, FL 33063
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN E. ADAMS

Date

2/22/99

Daytime Phone #

(954) 971-3179

CR2E037 (11/98)