

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90178 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006203

1. Corporation Name

SHALIMAR YOUTH FOOTBALL, INC.

Principal Place of Business

86 MEIGS DR.
SHALIMAR FL 32579

Mailing Address

86 MEIGS DR.
SHALIMAR FL 32579

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3507106	
24 Country		29 Country		30 Applied For	
				Not Applicable	
5. Certificate of Status Desired				8. Election Campaign Financing	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Trust Fund Contribution					

9. Name and Address of Current Registered Agent

PLEAT, DAVID B
 • 4477 LEGENDARY DR., S-202
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZGERALD, ROBERT P			1.2 NAME			
STREET ADDRESS	86 MEIGS DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENSMORE, TED			2.2 NAME			
STREET ADDRESS	797 BLVD. OF CHAMPIONS			2.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Scott Great			3.2 NAME			
STREET ADDRESS	97 MEIGS DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHALIMAR FL 32579			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 99

Date

Daytime Phone #

CR2E037 (1/98)