2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90542 036 ****61.25

1. Entity Name	MENT # N9800000 BELT YOUTH FOOTBALL				05-02-200	05 90542 036 *	***61.25	
Principal Place of Business 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744		Mailing Address 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744			14014			
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2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005	Chg-NP	CR2E037 (10/03))	
City & State		City & State		4. FEI Number 65-11952	45		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current	t Registered Agent		7. Name and Ad	dress of New Re	egistered Agent		
CAMITU DANI ETTE			Name	Name				
SMITH, PAULETTE 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	Take 1		City			FL Zip C	ode	
8 The above	named entity submits this statement f	or the nurnose of changing its	registered office or r	registered agent, or both, i	in the State of Flo		th, and accept	
	ions of registered agent.	or the perpose of sharing night		agoni, or com			,	
SIGNATURE .	·							
	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	E: Registered Agent signature	e required when reinstating)		DATÉ		
	Filing Fee is \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be		ake check payabl		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund C	mpaign Financing Contribution. [\$5.00 May Be Added to Fees	Flori	ake check payable	State	
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees	Flori	ake check payabl	State	
	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND D	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable ida Department of	State IN 10	
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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 otherwise empowered.

SIGNATURE:

SIGNATURE: