


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N980000006891	
1. Entity Name ORANGE BELT YOUTH FOOTBALL FEDERATION, INC.	

Principal Place of Business 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744	Mailing Address 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744
---	---

DO NOT WRITE IN THIS SPACE



04072008 - No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1195245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, PAULETTE 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, PAULETTE 840 W. KICKLIGHTER RD. LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAUNDERS, JOHNNIE 361 W. SEMINOLE AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUMUNS-GEORGE, HEIDI 216 CARLTON AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RADNOTHY, JON 2051 MAYO DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STACEY, OLLIE 1200 S. PARSONS STREET DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000917364
05/13/08-80037-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paulette Smith 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #