

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006891

FILED
Apr 29, 2009
Secretary of State

Entity Name: ORANGE BELT YOUTH FOOTBALL FEDERATION, INC.

Current Principal Place of Business:

840 W. KICKLIGHTER RD.
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

840 W. KICKLIGHTER RD.
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 65-1195245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAULETTE
840 W. KICKLIGHTER RD.
LAKE HELEN, FL 32744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, PAULETTE
Address: 840 W. KICKLIGHTER RD.
City-St-Zip: LAKE HELEN, FL 32744

Title: VP () Delete
Name: SAUNDERS, JOHNNIE
Address: 361 W. SEMINOLE AVE
City-St-Zip: EUSTIS, FL 32726

Title: T () Delete
Name: CRUMUNS-GEORGE, HEIDI
Address: 216 CARLTON AVE.
City-St-Zip: DELAND, FL 32720

Title: BM () Delete
Name: RADNOTHY, JON
Address: 2051 MAYO DRIVE
City-St-Zip: TAVARES, FL 32778

Title: BM () Delete
Name: STACEY, OLLIE
Address: 1200 S. PARSONS STREET
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE SMITH

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date