

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90019 041 ****61.25

DOCUMENT # N99000003115

1. Entity Name

NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.



Principal Place of Business

ROUTE 13, BOX 331-31
LAKE CITY FL 32055

Mailing Address

P.O BOX 1302
LAKE CITY FL 32056

2. Principal Place of Business

1482 NW Frontier Dr.

3. Mailing Address

104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

Columbia

Zip

32055

Country

Columbia

4. FEI Number

31-1655512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIS, GUY W
201 NORTH MARION STREET, SUITE 301
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITAKER, ROBERTA
PO BOX 1302
LAKE CITY FL 32056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POWELL, RICHARD
2585 SOUTH FIRST STREET
LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORRIS, GUY W
ROUTE 13, BOX 439
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOSES, JIM
ROUTE 15, BOX 3089
LAKE CITY FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRKLAND, LORRAINE
RT 13 BOX 366
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1359 SW MAIN BLVD
LAKE CITY FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
253 NW MAIN BLVD
LAKE CITY FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
366 NW Mallard Place
Lake City FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

Robert J. Whitaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04 386 752 1419

Date

Daytime Phone #