


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003115 1. Entity Name NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.	
---	---

Principal Place of Business 1482 NW FROTIER DR. LAKE CITY, FL 32055	Mailing Address P.O BOX 1302 LAKE CITY, FL 32056
---	--



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1655512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000265538 03/16/05-80060-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, ROBERTA PO BOX 1302 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RICHARD 1359 SW MAIN BLVD. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, GUY W 253 NW MAIN BLVD. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, JIM ROUTE 15, BOX 3089 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, LORRAINE 366 NW MALLARD PLACE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Roberta F. Whitaker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3-14-05</u> Daytime Phone # <u>386 752 1419</u>