

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 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**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-NP

CR2E037 (11/05)

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000480066
04/10/06-80029-002 61.25

10. OFFICERS AND DIRECTORS

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

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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:

Paul Cornell CAA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #