


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005339 1. Entity Name LAKE WALES YOUTH FOOTBALL LEAGUE, INC.	
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Principal Place of Business 2224 EVIE ST. LAKE WALES FL 33853	Mailing Address 2224 EVIE ST. LAKE WALES FL 33853
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3587696	Applied For <input type="checkbox"/>
Not Applicable	

6. Name and Address of Current Registered Agent DELOACH, RICHARD 2224 EVIE ST. LAKE WALES FL 33853	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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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 _____

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DELOACH, RICHARD L	TITLE	U00000315030 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2224 EVIE ST.	NAME	04/19/05-80020-001 70.00
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VPD BARNES, DANNY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2327 FRIEDLANDER RD.	NAME	
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TD MINTON, NATHAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405 E. STREET	NAME	
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S POWELL, BEVERLY A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1137 VEIWPOINT DR.	NAME	
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CC BLOCKER, EARNESTINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1531 MARY LEE ST.	NAME	
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SAA JOYNER, ELBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	206 NORTHSIDE DRIVE	NAME	
STREET ADDRESS	LAKE WALES FL 33853	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard L. Deloach *Richard L. Deloach, President 2-28-05 (863) 605-0265*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #