

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

0088412

04-28-2003 91387 045 ****61.25

DOCUMENT # N99000005339

1. Entity Name

LAKE WALES YOUTH FOOTBALL LEAGUE, INC.



Principal Place of Business

**2224 EVIE ST.
LAKE WALES FL 33853**

Mailing Address

**2224 EVIE ST.
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3587696**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELOACH, RICHARD
2224 EVIE ST.
LAKE WALES FL 33853**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELOACH, RICHARD L	
STREET ADDRESS	2224 EVIE ST.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARNES, DANNY	
STREET ADDRESS	2327 FRIEDLANDER RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MINTON, NATHAN	
STREET ADDRESS	405 E. STREET	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, SHARON	
STREET ADDRESS	3405 FOX RIDGE STREET	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	CC	<input type="checkbox"/> Delete
NAME	BLOCKER, EARNESTINE	
STREET ADDRESS	1531 MARY LEE ST.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SAA	<input type="checkbox"/> Delete
NAME	JOYNER, ELBERT	
STREET ADDRESS	206 NORTHSIDE DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard L. DeLoach 4-20-03 (863) 676-7881

CR2E037 (10/02)