FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048515 (7)

NATIONAL CHAMPION FOOTBALL ACADEMY, INC.

Principal Place of Business 2132 ORLEANS DRIVE TALLAHASSEE FL 32308		Mailing Address	Mailing Address		# 1889) A 189 SAIDL BLIT DOING BOST BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOT	
		2132 ORLEANS DRIVE TALLAHASSEE FL 32308-5925				
				3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 02/08/1996	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		APPLIED FOR 63-		
Suite, Apt. #, etc		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
Cdv P State		City & State			Fee Required	
City & State		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	Zip	Country	8. This corporation has liability for	71000010100	
24]	25		30		Yes X No	
	9. Name and Address of Curre			10. Name and Address of New Re	7	
DUN	STON, KENT		81 Name	KENT DUNSTON		
	FACT LANGUAGE TRATE 2	132 ORLEANS DRIV	6. 82 Street Ad	KENT DUNSTON Idress (P.O. Box Number is Not Acceptate	le)	
	AHASSEE FL 32342			2 OREANS DRIVE	no,	
	32308		83			
			84 City		85 Zip Code	
	\sim		TAL	LAHASSEE	FL 32308	
11. Pursuant to office or re-	the profisions of Sections 607.05 distered abent, or woth, in the Stat	02 arß 607.1508, Florida Statute e of Morida. Such change was a	s, the above-named co uthorized by the corpor	progration submits this statement for the practice is board of directors. I hereby access	ourpose of changing its registered of the appointment as registered	
agent Lam	farmar with and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.	ration's board of directors. I hereby accept	the appearance of the second	
SIGNATURE	Lent U your	<u> </u>				
12.	gridge typed or protect to the or tegers ed a	pelleand to a it applicable INOTE ND DIRECTORS	Registered Agent signature red	quired when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
TITLE	D OT IGENS AI	DELETE	1.1 TITLE	SAME	Change Addition	
NAME	DUNSTON, KENT		1.2 NAME	SAME	A	
STREET ADDRESS	3201 EAST LAKESHORE DR	ME	1.3 STREET ADDRESS	2132 DRIGADS DRIVE	_	
CITY-ST-ZIP	TALLAHASSEE FL 32312	17 L.	1.4 CITY+ST-ZIP	TALLAHASSEE FL	32308	
THEF	D	DELETE	2.1 TITLE	SAME	Change Addition	
NAME	DUNSTON, DEBORAH		2 2 NAME	SAME.	/-	
STREET ADDRESS	3201 EAST LAKESHORE DR	NE-	2 3 STREET ADDRESS	2132 BRIEANS DRIV	E.	
CITY-ST-7IP	TALLAHSSEE FL 92912		2 4 CITY-ST-ZIP	TALLAHASKEE, FL	32308	
THUE		DELETE	3 1 TITLE		Change Addition	
NAME			32 NAME			
STHEET ADDRESS			3.3 STREET ADDRESS			
CITY-SI-7P	,		3 4. CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TOLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		T proces	4.4 CITY - ST - ZIP	······································		
11T.E		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADURESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	***************************************	Change Addition	
		Lad Octob			Li cuesge Li Addition	
NAME PERCEL ADDRESSES			6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS		\wedge				
CITY-ST-ZIP 14. Ldo hereby	certify that the information song	ed with this Aring closs not qualify	6.4 GTY-ST-ZIP for the exemption state	ted in Section 119.07(3)(i) Florida Statute	s. I further certify that the	
information Lam an off	indicated on this annual report or icer or director of the consoration	supplemental annual report is the the receiver of trustee empower	ue and accurate and the	ted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega port as required by Chapter 607, Florida S	al effect as if made under oath; that statutes; and that my name	