

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12481 (0)**

1. Corporation Name  
**EAST CITRUS YOUTH FOOTBALL CONFERENCE, INCORPORATED**

Principal Place of Business Mailing Address

P.O. BOX 2933 INVERNESS FL 32651-2933 P.O. BOX 2933 INVERNESS FL 32651-2933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1985** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-3087183** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 30 **34451-2933**

9. Name and Address of Current Registered Agent

**BEAUDET, DONALD  
609 E. KELLER CT.,  
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name **ROBIN L HUTCHESON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1890 S TSALA TERR**

83

84 City **INVERNESS** FL 85 Zip Code **34450**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Robin L Hutcheson (Robin L Hutcheson) DATE 5/5/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>GALLANT CANDY</b>
STREET ADDRESS	<b>2979 E. CROWN DRIVE</b>
CITY - ST - ZIP	<b>INVERNESS FL 34453</b>
TITLE	<b>VB</b>
NAME	<b>RON BISHOP</b>
STREET ADDRESS	<b>6431 E. QUAIL RUN LANE</b>
CITY - ST - ZIP	<b>INVERNESS FL 34452</b>
TITLE	<b>TD</b>
NAME	<b>BOYAJAN, PEGGY</b>
STREET ADDRESS	<b>584 E. KNIGHTSBRIDGE PLACE</b>
CITY - ST - ZIP	<b>INVERNESS FL 34450</b>
TITLE	<b>D</b>
NAME	<b>BELLAMY BRUCE</b>
STREET ADDRESS	<b>P.O. BOX 1505 N/A</b>
CITY - ST - ZIP	<b>HERNANDO FL 34442</b>
TITLE	<b>D</b>
NAME	<b>BEVILLE LISA</b>
STREET ADDRESS	<b>4348 S. CULVER TERRACE</b>
CITY - ST - ZIP	<b>INVERNESS FL 34452</b>
TITLE	<b>PD</b>
NAME	<b>REYNOLDS, MIKE</b>
STREET ADDRESS	<b>1425 S. HOMESTEAD POINT</b>
CITY - ST - ZIP	<b>INVERNESS FL 34452</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LISA BEVILLE</b>	
1.3 STREET ADDRESS	<b>4348 S CULVER TERR</b>	
1.4 CITY - ST - ZIP	<b>INVERNESS FL 34452</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MIKE D'AMBROSIO</b>	
2.3 STREET ADDRESS	<b>3229 E GLEN ST</b>	
2.4 CITY - ST - ZIP	<b>INVERNESS FL 34450</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROBIN HUTCHESON</b>	
3.3 STREET ADDRESS	<b>1890 S TSALA TERR</b>	
3.4 CITY - ST - ZIP	<b>INVERNESS FL 34450-5039</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MONICA HUDSON</b>	
5.3 STREET ADDRESS	<b>530 TURNER CAMP RD</b>	
5.4 CITY - ST - ZIP	<b>INVERNESS FL 34455</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Monica Hudson DATE 4/13/95 (904) 344-5273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR