## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12481

FILED May 03, 2005 Secretary of State

Entity Name: EAST CITRUS YOUTH FOOTBALL CONFERENCE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 2933 P.O. BOX 2933

INVERNESS, FL 326512933 INVERNESS, FL 326512933 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2933

INVERNESS, FL 344512933 US

FEI Number: 59-3087183 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAQUETTE, WAYNE SILCOX, SANDY J 9918 EAST ST. REGIS CT. SEESE LN

INVERNESS, FL 34450 US FLORAL CITY, FL 34436 US

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.

SIGNATURE: SANDY SILCOX 05/03/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: PD ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 BENDER, SCOTT
 Name:
 D'AMBROSIO, VINCENT

 Address:
 6046 E ONEIDA ST
 Address:
 3229 E GLENN ST

 City-St-Zip:
 INVERNESS, FL 34452
 City-St-Zip:
 INVERNESS, FL 34453 US

Title: C ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 TOBIN, JEFF
 Name:
 IGLESIS, HENRY

 Address:
 7697 S. KANGA WAY
 Address:
 6304 E URBAN LN

 City-St-Zip:
 FLORAL CITY, FL 34436
 City-St-Zip:
 FLORAL CITY, FL 34436

Title: T () Delete Title: T (X) Change () Addition

 Name:
 FELTHOFF, BROCK
 Name:
 SILCOX, SANDY

 Address:
 11 N. ARCHWOOD DR.
 Address:
 4525 E SEESE LN

City-St-Zip: INVERNESS, FL 34450 City-St-Zip: FLORAL CITY, FL 34436 US

Title: AC ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 PAQUETTE, WAYNE
 Name:
 RENAU, NANCY

 Address:
 9918 EAST ST. REGIS ST.
 Address:
 12900 E TRAILS END

 City-St-Zip:
 INVERNESS, FL 34450
 City-St-Zip:
 FLORAL CITY, FL 34436 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY SILCOX T 05/03/2005