

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34451-2933  
US

3. Date Incorporated or Qualified  
**12/06/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-3087183**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTCHESON, ROBIN L  
1890 S TSALA TERR  
INVERNESS FL 34450**

81 Name **MILDRED AUMACK**

82 Street Address (P.O. Box Number is Not Acceptable)

**400 S. LINE AVE**

83 **PO BOX 100**

84 City **INVERNESS**

FL

85 Zip Code **34450**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE *Mildred Aumack*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**  DELETE  
NAME **BEVILLE, LISA**  
STREET ADDRESS **4348 S CULVER TERR**  
CITY-ST-ZIP **INVERNESS FL**

1.1 TITLE **S/D**  Change  Addition  
1.2 NAME **GARY JUDD**  
1.3 STREET ADDRESS **3450 E CINDY LN**  
1.4 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **VP**  DELETE  
NAME **D'AMBROSIO, MIKE**  
STREET ADDRESS **3229 E GLEN ST**  
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE **VP/D**  Change  Addition  
2.2 NAME **DANE BARGIEL**  
2.3 STREET ADDRESS **1894 W UNION ST**  
2.4 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **TD**  DELETE  
NAME **HUTCHESON, 1890 S TSALA T**  
STREET ADDRESS **584 E. KNIGHTSBRIDGE PLACE**  
CITY-ST-ZIP **INVERNESS FL**

3.1 TITLE **T/D**  Change  Addition  
3.2 NAME **MILDRED AUMACK**  
3.3 STREET ADDRESS **PO BOX 100**  
3.4 CITY-ST-ZIP **INVERNESS FL 34451**

TITLE **D**  DELETE  
NAME **BELLAMY BRUCE**  
STREET ADDRESS **P.O. BOX 1505 N/A**  
CITY-ST-ZIP **HERNANDO FL 34442**

4.1 TITLE **D**  Change  Addition  
4.2 NAME **SCOTT BENDER**  
4.3 STREET ADDRESS **7316 E GOSPEL ISL RD**  
4.4 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D**  DELETE  
NAME **HUDSON, MONICA**  
STREET ADDRESS **530 TURNER CAMP RD**  
CITY-ST-ZIP **INVERNESS FL**

5.1 TITLE **VP/D**  Change  Addition  
5.2 NAME **MONICA HUDSON**  
5.3 STREET ADDRESS **530 TURNER CAMP RD**  
5.4 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **PD**  DELETE  
NAME **REYNOLDS, MIKE**  
STREET ADDRESS **1425 S. HOMESTEAD POINT**  
CITY-ST-ZIP **INVERNESS FL 34452**

6.1 TITLE **P/D**  Change  Addition  
6.2 NAME **ROBIN HUTCHESON**  
6.3 STREET ADDRESS **1890 S TSALA TERR**  
6.4 CITY-ST-ZIP **INVERNESS, FL 34450**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Robin Hutcheson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**

Date

**(352) 344-5273**

Daytime Phone #

CR2E037 (12/95)