#### I hereby 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 all other like empowered.

# SIGNATURE: SANDRA WATSON

Electronic Signature of Signing Officer/Director Detail

#### 11/01/2023 CHEER COMMISSIONER

Title	VP	Title	PRESIDENT
Name	GAINEY, RENEE	Name	MARTY, NICHOLAS
Address	10740 S FLORIDA AVE	Address	1161 STATELY OAKS
City-State-Zip:	FLORAL CITY FL 34436	City-State-Zip:	INVERNESS FL 34453
Title	TREASURER	Title	OFFICER
Mana			
Name	GILPIN, TARA	Name	WATSON, SANDRA KAYE
Address	GILPIN, TARA 414 LILAC LN	Name Address	WATSON, SANDRA KAYE 5034 S LECANTO HWY

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.

# **Officer/Director Detail :**

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FEI Number: 59-3087183

**Current Principal Place of Business:** 

WATSON, SANDRA 5034 S LECANTO HWY LECANTO, FL 34461 US

DOCUMENT# N12481

**INCORPORATED** 

5034 S LECANTO HWY LECANTO, FL 34461

P.O. BOX 2933

**Current Mailing Address:** 

INVERNESS, FL 34451-2933 US

SIGNATURE: SANDRA WATSON

Entity Name: EAST CITRUS YOUTH FOOTBALL CONFERENCE,

# FILED Nov 01, 2023 Secretary of State 5613537061CR

Certificate of Status Desired: Yes

11/01/2023 Date

Date