


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 22 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		✓ FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12481 (0)**  
 1. Corporation Name  
**EAST CITRUS YOUTH FOOTBALL CONFERENCE, INCORPORATED**



Principal Place of Business <b>P.O. BOX 2933 INVERNESS FL 32651-2933</b>	Mailing Address <b>P.O. BOX 2933 INVERNESS FL 34451-2933 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/06/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3087183</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**AUMACK, MILDRED  
 400 S. LINE AVE  
 P.O. BOX 100  
 INVERNESS FL 34450**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 *X W Sean Votts*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JUDD, GARY</b>	
STREET ADDRESS	<b>3450 E CINDY LN</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARGIEL, DANE</b>	
STREET ADDRESS	<b>1894 W. UNION ST.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>AUMACK, MILDRED</b>	
STREET ADDRESS	<b>P.O. BOX 100</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENDER, SCOTT</b>	
STREET ADDRESS	<b>7316 E. GOSPEL ISLAND RD.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, MONICA</b>	
STREET ADDRESS	<b>530 TURNER CAMP RD.</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUTCHESON, ROBIN</b>	
STREET ADDRESS	<b>1890 S. TSALA TERR</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KAREN COMPOSTE LLA</b>	
1.3 STREET ADDRESS	<b>4022 E. BARRY ST.</b>	
1.4 CITY-ST-ZIP	<b>INVERNESS, FL 34453</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BRUCE BELLAMY</b>	
2.3 STREET ADDRESS	<b>1890 STSALA TERR</b>	
2.4 CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SEARS NORTH</b>	
3.3 STREET ADDRESS	<b>2710 S. COMWELL PATH</b>	
3.4 CITY-ST-ZIP	<b>INVERNESS, FL 34450</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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Relinquish* **RESIGNATION REQUIRED** 8/1/97 344-5273

CR2E037 (4/97)