| Entity Name: EAST CITRUS YOUTH FOOTBALL CONFERENCE, |
|---|
| INCORPORATED  |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

8534 N MERRIMAC WAY CITRUS SPRINGS, FL 34434

DOCUMENT# N12481

## **Current Mailing Address:**

P.O. BOX 2933 INVERNESS, FL 34451-2933 US

## FEI Number: 59-3087183

## Name and Address of Current Registered Agent:

MARTY, NICHOLAS 8534 N MERRIMAC WAY CITRUS SPRINGS, FL 34434 US Certificate of Status Desired: No

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.

| SIG   | NATURE     | NICHOLAS MARTY                           |                 |                    | 04/08/2024 |
|-------|------------|--|-----------------|--------------------|------------|
|       |            | Electronic Signature of Registered Agent |                 |                    | Date       |
| Offi  | cer/Direc  | tor Detail :                             |                 |                    |            |
| Title |            | PRESIDENT                                | Title           | TREASURER          |            |
| Nam   | е          | MARTY, NICHOLAS                          | Name            | MARKUS, ALYSSA     |            |
| Addr  | ess        | 1161 STATELY OAKS                        | Address         | 3777 E WALKER ST   |            |
| City- | State-Zip: | INVERNESS FL 34453                       | City-State-Zip: | INVERNESS FL 34453 |            |
| Title |            | VP                                       |                 |                    |            |
| Nam   | е          | GRECH, STEVEN                            |                 |                    |            |
| Addr  | ess        | 3091 E WEEKS LANE                        |                 |                    |            |
| City- | State-Zip: | INVERNESS FL 34453                       |                 |                    |            |
|       |            |  |                 |                    |            |

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: NICHOLAS MARTY

PRESIDENT

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Apr 08, 2024 Secretary of State 5841203407CC

FILED

Date