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FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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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3. Date Incorporated or Qualified <b>12/06/1985</b>		
4. FEI Number <b>59-3087183</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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

81 Name	<b>Stacey Richert</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>806 Magnolia Ave</b>
83	
84 City	<b>INVERNESS FL</b>
85 Zip Code	<b>34452</b>

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 W. Sean Wash DATE 2/19/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>P</b>
NAME	<b>COMPOSTELLA, KAREN</b>	1.2 NAME	<b>Sears North</b>
STREET ADDRESS	<b>4022 E BERRY ST</b>	1.3 STREET ADDRESS	<b>2710 S. Cromwell Path</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>	1.4 CITY-ST-ZIP	<b>INVERNESS FL 34450</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>BELLAMY, BRUCE</b>	2.2 NAME	<b>Gary Judd</b>
STREET ADDRESS	<b>1890 ST SALA TERR</b>	2.3 STREET ADDRESS	<b>3450 B. Cindy lane</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	<b>INVERNESS FL 34453</b>
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>NORTH, SEARS</b>	3.2 NAME	
STREET ADDRESS	<b>2710 S CROMWELL PATH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>BENDER, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>7316 E. GOSPEL ISLAND RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	5.1 TITLE	
NAME	<b>HUDSON, MONICA</b>	5.2 NAME	
STREET ADDRESS	<b>530 TURNER CAMP RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	6.1 TITLE	
NAME	<b>HUTCHESON, ROBIN</b>	6.2 NAME	
STREET ADDRESS	<b>1890 S. TSALA TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	6.4 CITY-ST-ZIP	

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14. I 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: W. Sean Wash DATE 2/5/98 352-840-8240

CR2E037 (10/97)