


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90107 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12481

1. Corporation Name
EAST CITRUS YOUTH FOOTBALL CONFERENCE, INCORPORATED

* 5 4 3 3 7 3 *
 543373 - 90001 - 41

Principal Place of Business P.O. BOX 2933 INVERNESS FL 32651-2933	Mailing Address P.O. BOX 2933 INVERNESS FL 34451-2933 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3087183
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHERT, STACEY 806 MAGNOLIA AVE INVERNESS FL 34452	10. Name and Address of New Registered Agent 81 Name Claudine Fults 82 Street Address (P.O. Box Number is Not Acceptable) 830 Hickory Avenue 83 Inverness, FL 34452 84 City FL 85 Zip Code
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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 Claudine Fults February 11, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORTH, SEARS		1.2 NAME Bender, Scott	
STREET ADDRESS 2710 S CROMWELL PATH		1.3 STREET ADDRESS 7316 E Gospel Island Road	
CITY-ST-ZIP INVERNESS FL 34450		1.4 CITY-ST-ZIP Inverness, FL 34450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME JUDD, GARY		2.2 NAME	
STREET ADDRESS 3450 E CINDY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS FL 34453		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NORTH, SEARS		3.2 NAME Sanchez, Anne	
STREET ADDRESS 2710 S CROMWELL PATH		3.3 STREET ADDRESS 4319 E Arlington Street	
CITY-ST-ZIP INVERNESS FL		3.4 CITY-ST-ZIP Inverness, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BENDER, SCOTT		4.2 NAME Fults, Claudine	
STREET ADDRESS 7316 E. GOSPEL ISLAND RD.		4.3 STREET ADDRESS 830 Hickory Avenue	
CITY-ST-ZIP INVERNESS FL		4.4 CITY-ST-ZIP Inverness, FL 34452	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME HUDSON, MONICA		5.2 NAME	
STREET ADDRESS 530 TURNER CAMP RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP INVERNESS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Claudine Fults February 11, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)