

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2006
Secretary of State**

DOCUMENT# 717230

Entity Name: TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

3901 GEORGE ROAD
POST OFFICE BOX 22591
TAMPA, FL 33622 US

New Principal Place of Business:

Current Mailing Address:

3901 GEORGE ROAD
POST OFFICE BOX 22591
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 23-7117945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRISON, LINDA
7913SINGING CT
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CUMMINGS WILEY, CINDY
Address: 819 JACARANDA DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: HARRISON, LINDA
Address: 7913 SINGING CT
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: MARTIN, DOUG
Address: 11308 PARTRIDGE DR
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: MARTIN, RHONDA
Address: 11308 PARTRIDGE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP () Delete
Name: KEYS, JEFF
Address: 8317 ENDIRE AVE
City-St-Zip: TAMPA, FL 33619

Title: VPD () Delete
Name: LEVINSON, SCOTT
Address: 4809 WYNWOOD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA HARRISON

TREA

05/10/2006

Electronic Signature of Signing Officer or Director

_____ Date