


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002374
 1. Entity Name
YOUNG LION'S YOUTH ORGANIZATION, INC.



Principal Place of Business Mailing Address
3612 E. MCBERRY ST. TAMPA FL 33610 **3612 E. MCBERRY ST. TAMPA FL 33610**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
BRYANT, DEXTER c SR.
3612 E. MCBERRY ST.
TAMPA FL 33610

4. FEI Number **59-3470021** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required with filing) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, DEXTER SR.	
STREET ADDRESS	3612 E. MCBERRY ST.	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, CHRISTINE	
STREET ADDRESS	3612 E. MCBERRY ST.	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TAMARA	
STREET ADDRESS	5711 TROY CT. #1-107	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, BEN	
STREET ADDRESS	7802 GARRISON ST.	
CITY- ST- ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000797266	
CITY- ST- ZIP	01/29/08-80066-020 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* President 1-22-08