


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90404 001 \*\*\*\*61.25

**DOCUMENT # N02000003325**  
 1. Entity Name  
**PALM HARBOR YOUTH FOOTBALL ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**POST OFFICE BOX 902 POST OFFICE BOX 902**  
**PALM HARBOR FL 34687 PALM HARBOR FL 34687**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

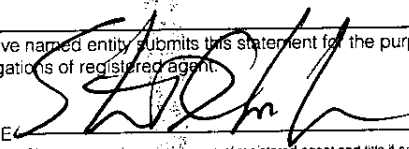


MOORE CR2E037 (11/03)

4. FEI Number **30-0071233** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOHR, TOM**  
**1160 PERSOIMMON**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
 Name **Steve Chapin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2027 Autumn Drive**  
 City **Palm Harbor** FL Zip Code **34683**

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  DATE **4/13/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CHAPIN, STEVE	PO BOX 902	PALM HARBOR FL 34687	<input type="checkbox"/>
VD	SULLIVAN, CHUCK	PO BOX 902	PALM HARBOR FL 34687	<input checked="" type="checkbox"/>
SD	MOHR, AIDIL	PO BOX 902	PALM HARBOR FL 34687	<input checked="" type="checkbox"/>
D	MOHR, TOM	PO BOX 902	PALM HARBOR FL 34687	<input checked="" type="checkbox"/>
DT	OLESON, TERI	P.O. BOX 902	PALM HARBOR FL 34687	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	Steve Franklin	PO Box 902	Palm Harbor FL 34687	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Kari Jackson	PO Box 902	Palm Harbor FL 34687	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Jeff Kominski	PO Box 902	Palm Harbor, FL 34687	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:  **Steve Chapin** DATE: **4/13/04** DAYTIME PHONE #: **727-786-1776**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR