


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90114 004 ****61.25

DOCUMENT # N02000003325					
1. Entity Name PALM HARBOR YOUTH FOOTBALL ASSOCIATION, INC					
Principal Place of Business POST OFFICE BOX 902 PALM HARBOR, FL 34687		Mailing Address POST OFFICE BOX 902 PALM HARBOR, FL 34687		50029197	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03152005 Chg-NP CR2E037 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 30-0071233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAPIN, STEVE 3027 AUTUMN DR. PALM HARBOR, FL 34683			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, STEVE		NAME		
STREET ADDRESS	PO BOX 902		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34687		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, STEVE		NAME		
STREET ADDRESS	P.O. BOX 902		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34687		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, KARI		NAME		
STREET ADDRESS	P.O. BOX 902		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34687		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMINSKI, JEFF		NAME		
STREET ADDRESS	P.O. BOX 902		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34687		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESON, TERI		NAME	WILSON, F. WILLIAMS	
STREET ADDRESS	P.O. BOX 902		STREET ADDRESS	P.O. Box 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687		CITY-ST-ZIP	PALM HARBOR FL. 34683	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>W.F. Williams</i> WILSON, F. WILLIAMS / TREAS			Date: 3/15/05		Daytime Phone #: 727-434-2400