


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90233 027 ****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**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03022006 Chg-NP CR2E037 (11/05)

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

**CHAPIN, STEVE
 3027 AUTUMN DR.
 PALM HARBOR, FL 34683**

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

Filing Fee is \$61.25 Due by May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	CHAPIN, STEVE	
STREET ADDRESS	PO BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, STEVE	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, KARI	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KORMINSKI, JEFF	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILSON F	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL 34687	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, STEVE	
STREET ADDRESS	P.O. Box 902	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDON, BARRY	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN McFERRIN	
STREET ADDRESS	P.O. Box 902	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM GLEASON	
STREET ADDRESS	P.O. Box 902	
CITY-ST-ZIP	PALM HARBOR, FL. 34683	
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 Chapter 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: Wilson F. Williams / DT **3/3/06** **727-4576137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #