


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0071233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007.**

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

U00000654237
03/13/07-80053-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPIN, STEVE PO BOX 902 PALM HARBOR, FL 34687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CANON, BARRY POB 902 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCFARREN, ROBIN P.O. BOX 902 PALM HARBOR, FL 34687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLEASON, JIM P.O. BOX 902 PALM HARBOR, FL 34687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILLIAMS, WILSON F P.O. BOX 902 PALM HARBOR, FL 34687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 / T. **1/16/07** **727-457-6137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #