

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003325

FILED
Feb 20, 2008
Secretary of State

Entity Name: PALM HARBOR YOUTH FOOTBALL ASSOCIATION, INC

Current Principal Place of Business:

POST OFFICE BOX 902
PALM HARBOR, FL 34687

New Principal Place of Business:

3027 AUTUMN DR.
PALM HARBOR, FL 34683

Current Mailing Address:

POST OFFICE BOX 902
PALM HARBOR, FL 34687

New Mailing Address:

FEI Number: 30-0071233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPIN, STEVE
Address: PO BOX 902
City-St-Zip: PALM HARBOR, FL 34687

Title: VD () Delete
Name: CANON, BARRY
Address: POB 902
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: MCFARREN, ROBIN
Address: P.O. BOX 902
City-St-Zip: PALM HARBOR, FL 34687

Title: PD () Delete
Name: GLEASON, JIM
Address: P.O. BOX 902
City-St-Zip: PALM HARBOR, FL 34687

Title: DT () Delete
Name: WILLIAMS, WILSON F
Address: P.O. BOX 902
City-St-Zip: PALM HARBOR, FL 34687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CANON, BARRY
Address: PO BOX 902
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Change () Addition
Name: MCFARREN, ROBIN
Address: PO BOX 902
City-St-Zip: PALM HARBOR, FL 34687

Title: PD (X) Change () Addition
Name: GLEASON, JIM
Address: PO BOX 902
City-St-Zip: PALM HARBOR, FL 34687

Title: DT (X) Change () Addition
Name: FEININGER, WILLIAM A
Address: PO BOX 902
City-St-Zip: PALM HARBOR, FL 34687

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. FEININGER

DT

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date