2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003325

FILED Jan 20, 2009 Secretary of State

Entity Name: PALM HARBOR YOUTH FOOTBALL ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business:

3027 AUTUMN DR. 321 OLD EAST LAKE RD PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34688

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 902 PALM HARBOR, FL 34687

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAPIN, STEVE GLEASON, JIM

3027 AUTUMN DR. 321 OLD EAST LAKE RD

PALM HARBOR, FL 34683 US TARPON SPRINGS, FL 34688 US

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: JIM GLEASON 01/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: PD (X)Change ()Addition

 Name:
 CHAPIN, STEVE
 Name:
 GLEASON, JIM

 Address:
 PO BOX 902
 Address:
 PO BOX 902

City-St-Zip: PALM HARBOR, FL 34687 City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete Title: TD (X) Change () Addition

Name: CANON, BARRY Name: FEININGER, WILLIAM

 Address:
 PO BOX 902
 Address:
 PO BOX 902

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: SD () Delete Title: VD (X) Change () Addition

Name: MCFARREN, ROBIN Name: HARBERT, SAM

Address: PO BOX 902 Address: PO BOX 902

City-St-Zip: PALM HARBOR, FL 34687 City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete Title: SD (X) Change () Addition

Name: GLEASON, JIM Name: MASON, WILLIAM
Address: PO BOX 902 Address: PO BOX 902

City-St-Zip: PALM HARBOR, FL 34687 City-St-Zip: PALM HARBOR, FL 34683

Name: FEININGER, WILLIAM A Name: DOUGLAS, JOHN Address: PO BOX 902 Address: PO BOX 902

City-St-Zip: PALM HARBOR, FL 34687 City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 ROPER, PAT

 Address:
 Address:
 PO BOX 902

City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

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 FEININGER TD 01/20/2009