

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748522** (0)
1. Corporation Name
PALM BEACH COUNTY YOUTH FOOTBALL LEAGUE, INC.



Principal Place of Business 6330 A RED PINE LANE P O BOX 20216 W PALM BCH FL 33416-7216	Mailing Address 6330 A RED PINE LANE P O BOX 20216 W PALM BCH FL 33416-0216
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/14/1979		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2341857		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHAW, CHARLES E 6330A RED PINE LANE W PALM BCH FL 33415				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2252 SOUNDING CT			
83				84 City WEST PALM BEACH			
85 Zip Code 33413				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, CHARLES E.			1.2 NAME			
STREET ADDRESS	6330 A. RED PINE LANE			1.3 STREET ADDRESS	2252 SOUNDING CT		
CITY-ST-ZIP	W PALM BCH FL			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBLA, DIANA			2.2 NAME			
STREET ADDRESS	3186 MADDEN RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	W.PALM BCH. FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONWAY, PETER			3.2 NAME			
STREET ADDRESS	75 ABACO DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABEL, STEVE			4.2 NAME			
STREET ADDRESS	4188 KIRK RD			4.3 STREET ADDRESS	6330 A. RED PINE LANE		
CITY-ST-ZIP	WEST PALM BCH FL			4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)