

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90050 033 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748522

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 33416-7216



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/14/1979

4. FEI Number

59-2341857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SHAW, CHARLES E  
2252 SOUNDINGS CT  
GREENACRES FL 33413

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME Q  
STREET ADDRESS 2252 SOUNDING CT  
CITY-ST-ZIP W PALM BCH FL 33413

TITLE TD  
NAME LIEBLA, DIANA  
STREET ADDRESS 3186 MADDEN RD  
CITY-ST-ZIP W PALM BCH FL

TITLE VPD  
NAME CONWAY, PETER  
STREET ADDRESS 75 ABACO DRIVE  
CITY-ST-ZIP PALM SPRINGS FL

TITLE D  
NAME ABEL, STEVE  
STREET ADDRESS 6330 A RED PINE LN  
CITY-ST-ZIP WEST PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED LIEBLA

Date

Daytime Phone #

4-19-99 561-346-2387

CR2E037 (1/98)