

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90277 035 ****61.25

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|--|--|---|--|--|--|
| DOCUMENT # 748522 1. Entity Name PALM BEACH COUNTY YOUTH FOOTBALL LEAGUE, INC. | | | | | |
| Principal Place of Business P O BOX 20216 W PALM BCH, FL 33416-7216 | | | Mailing Address PBCYFL PO BOX 20216 W PALM BCH, FL 33416-7216 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 04042005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2341857 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SHAW, CHARLES E 2252 SOUNDINGS CT GREENACRES, FL 33413 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Q 2252 SOUNDING CT W PALM BCH, FL 33413 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LIEBLA, DIANA 3186 MADDEN RD W.PALM BCH., FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOLEY, BILL 3158 RIDDLE RD. WEST PALM BEACH, FL 33406 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD David McDevitt 4609 Hunting Tr. Lake Worth, FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Roy Swanson 194 Akron Rd. Lake Worth, FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. 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 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: _____ President Date: 4/14/05 Daytime Phone #: 561-684-5948 | | | | | |