

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # 748522

1. Entity Name
**PALM BEACH COUNTY YOUTH FOOTBALL LEAGUE,
INC.**



Principal Place of Business
**3645 GUN CLUB ROAD
W PALM BCH, FL 33406**

Mailing Address
**PBCYFL
PO BOX 20216
W PALM BCH, FL 33416-7216**



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2341857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWANSON, ROY
194 AKRON RD
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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

Roy Swanson

2/5/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
SWANSON, ROY
194 AKRON RD.
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCDEAVITT, DAVID
4609 HUNTING TR.
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
RHOADS, LYNNE
2322 23RD LANE
GREENACRES, FL 33413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
PATRICK, DIANA
1608 BRESEE ROAD
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**REG
BASFORD, DONNA
4381 NICIA WAY
GREENACRES, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000825058
02/20/08-80103-014 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Roy Swanson

2/5/08 (561)6845948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #