

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717230

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC4762572052**

**Entity Name:** TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.

**Current Principal Place of Business:**

3901 GEORGE ROAD  
TAMPA, FL 33634

**Current Mailing Address:**

P.O. BOX 22591  
TAMPA, FL 33622 US

**FEI Number:** 23-7117945

**Certificate of Status Desired:** No

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

HARRISON, LINDA  
2021 N LEMANS BLVD  
APT 5408  
TAMPA, FL 33607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name HARRISON, LINDA  
Address 2021 N LEMANS BLVD  
APT 5408  
City-State-Zip: TAMPA FL 33607

Title SD  
Name LEVINSON, ROBIN  
Address 4809 WYNWOOD  
City-State-Zip: TAMPA FL 33615

Title VP  
Name KEYS, JEFF  
Address 8317 ENDIRE AVE  
City-State-Zip: TAMPA FL 33619

Title PRES  
Name LEVINSON, SCOTT  
Address 4809 WYNWOOD  
City-State-Zip: TAMPA FL 33615

Title VP  
Name TAYLOR, EDWARD  
Address 8413 CANTERBURY LK  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name GALVIN, BRETT  
Address 15806 TIMBERWOOD DR  
City-State-Zip: TAMPA FL 33625

Title VP  
Name KILBURN, ZACHARY  
Address 18801 PEREGRINES PERCH  
City-State-Zip: LUTZ FL 33558

Title VP  
Name SCOTT, GERALD  
Address 8107 CRANMOORE PLACE  
APT 204  
City-State-Zip: TAMPA FL 33610

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA HARRISON

**TREASURER**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BODDIE, LUCINDA  
Address 12927 VICKSBURG DR  
City-State-Zip: TAMPA FL 33625

Title DIRECTOR  
Name PERDUE, BRIDGET  
Address 2542 EDGEWATER FALLS  
City-State-Zip: BRANDON FL 33511

Title VP  
Name MILLER, LEONITA  
Address 1706 DEAUVILLE DR  
City-State-Zip: TAMPA FL 33619