FEI Number: 59-2341857 Name and Address of Current Registered Agent:			Certificate of Status Desired: No			
WORKMAN, ST 721 TRIANA ST	ELLA					
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: STELLA WORKMAN						
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRES	Title	VP			
Name	WORKMAN, STELLA	Name	MILLER, MARC			
Address	721 TRIANA STREET	Address	3645 GUN CLUB ROAD			
City-State-Zip:	WEST PALM BEACH FL 33413	City-State-Zip:	WEST PALM BEACH FL 33416			
Title	SEC.	Title	CFO			
Name	FIGUEROA-NIEVES, NAKYSHA	Name	BASFORD, DONNA			
Address	3645 GUN CLUB ROAD	Address	4381 NICIA WAY			
City-State-Zip:	WEST PALM BEACH FL 33416	City-State-Zip:	GREENACRES FL 33463			
Title	REG					
Name	BASFORD, DONNA					
Address	4381 NICIA WAY					
City-State-Zip:	GREENACRES FL 33463					

#### F

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 748522**

# Entity Name: PALM BEACH COUNTY YOUTH FOOTBALL LEAGUE, INC.

### **Current Principal Place of Business:**

3645 GUN CLUB ROAD W PALM BCH, FL 33406

### **Current Mailing Address:**

PBCYFL PO BOX 20216 W PALM BCH, FL 33416-7216 US

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: DONNA BASFORD	CFO	03/31/2019
SIGNATURE: DONNA BASFORD	CFO	03/31/2

Electronic Signature of Signing Officer/Director Detail

FILED Mar 31, 2019 **Secretary of State** 1791368337CC

Date