


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717236	
1. Entity Name TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.	

Principal Place of Business 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA, FL 33622 US	Mailing Address 3901 GEORGE ROAD POST OFFICE BOX 22591 TAMPA, FL 33622 US
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FILED
04 MAY 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 23-7117945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, LINDA 7913 SINGING CT TAMPA, FL 33615
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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 Linda Harrison Linda Harrison, Treasurer 5/1/04
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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUMMINGS WILEY, CINDY 819 JACARANDA DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, LINDA 7913 SINGING CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, DOUG 11308 PARTRIDGE DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, RHONDA 11308 PARTRIDGE DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEYS, JEFF 8317 ENDIRE AVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINSON, SCOTT 4809 WYNWOOD TAMPA, FL 33615

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06/09/04--01043--013 **69.00

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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: Linda Harrison 5/1/04 813-882-4381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #