


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 717230		
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
DO NOT WRITE IN THIS SPACE		
		05032005 No Chg-NP CR2E037 (10/03)
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		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 <u>Linda Harrison, Linda Harrison, Treasurer</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>5/1/05</u>
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CUMMINGS WILEY, CINDY 819 JACARANDA DRIVE OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Linda Harrison, Linda Harrison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>5/1/05</u> <small>Daytime Phone #</small>