

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717230

1. Entity Name
TAMPA BAY YOUTH FOOTBALL LEAGUE, INC.



FILED
Jul 07, 2008 08:00 AM
Secretary of State

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



06182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7117945
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$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

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HARRISON, LINDA
STREET ADDRESS	7913 SINGING CT
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	MARTIN, DOUG
STREET ADDRESS	11308 PARTRIDGE DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	SD
NAME	MARTIN, RHONDA
STREET ADDRESS	11308 PARTRIDGE DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	VP
NAME	KEYS, JEFF
STREET ADDRESS	8317 ENDIRE AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VPD
NAME	LEVINSON, SCOTT
STREET ADDRESS	4809 WYNWOOD
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/08-80001-008 70.00

**DO NOT WRITE
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

6/30/08