2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 08, 2006 8:00 am Secretary of State **DOCUMENT # 732504** 1. Entity Name 05-08-2006 90292 040 ****61.25 TAVARES YOUTH FOOTBALL LEAGUE, INC. Principal Place of Business Mailing Address P.O. BOX 574 P.O. BOX 574 TAVARES FL 32778-0574 TAVARES FL 32778-0574 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc P. O. Box Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For avares 59-2737860 Gvares Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Law Street Address (P.O. Box Number is Not Acceptable) LEECH, SANDRA K 33840 TARA WOOD DR LLESBURG FL 34788 City Invares 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 (NOTE: Registered Agent signature required when revistating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Treasurer Joanne Cheatham POBOX 522 ROWE, DONNELL NAME NAME 2515 JEFFERSON ST. STREET ADDRESS STREET ADDRESS ASTATULA FL 34702 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD ☐ Delete TITLE Addition WHIGHAM, BROOKE NAME NAME 2490 VAN BUREN ST STREET ADDRESS STREET ADDRESS ASTATULA FL 34705 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE X Addition Lawlin, Dennis. 3300 Idamere Shores Court NAME LEECH, SANDRA K NAME STREET ADDRESS 33840 TARA WOOD DR STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34798 CITY-ST-ZIP Tavares FL 32778 TITLE **VPD** ☐ Delete TITLE APD Change Addition NAME LAW, MELODIE NAME Law, melodie STREET ADDRESS 27934 TAMMI DR STREET ADDRESS 3360 Idamere Shores Court TAVARES FL 32778 CITY-ST-ZIP CITY-ST-ZIP Tavares, FL 32778 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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law 3/29/06 352.50 SIGNATURE: Y/L

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.