

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732504

FILED
Mar 17, 2009
Secretary of State

Entity Name: TAVARES YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

TAVARES PARK & REC
399 E. BURLEIGH BLVD.
TAVARES, FL 32788

New Principal Place of Business:

Current Mailing Address:

TAVARES YOUTH FOOTBALL
P.O. BOX 574
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2737860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIBBLE, JOY R
40916 EMERALDA ISLAND RD.
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

ROBBINS, CORIE W
32933 TIMBERLAKE DRIVE
MT DORA, FL 32757 US

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: CORIE ROBBINS

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRIBBLE, JOY R
Address: 40916 EMERALDA ISLAND RD.
City-St-Zip: LEESBURG, FL 32788

Title: VP () Delete
Name: PERKIN, GENE
Address: 11032 MARTIN DR.
City-St-Zip: LEESBURG, FL 34788

Title: VP () Delete
Name: HAUSERMAN, CONNIE
Address: 2420 TEALWOOD CIR.
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: HARRISON, ALICIA
Address: 25146 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: T (X) Delete
Name: SHAFFER, SHANNON
Address: 26638 BIMINI DR.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRIBBLE, JAY R
Address: 40916 EMERALDA ISLAND RD.
City-St-Zip: LEESBURG, FL 32788

Title: TRES (X) Change () Addition
Name: ROBBINS, CORIE
Address: 32933 TIMBERLAKE DRIVE
City-St-Zip: MT DORA, FL 32757

Title: VP (X) Change () Addition
Name: HARGROVES, TC
Address: 36536 ANTONE DRIVE
City-St-Zip: GRAND ISLAND, FL 327783273

Title: VP (X) Change () Addition
Name: HARRISON, ALICIA
Address: 25146 CR 561
City-St-Zip: ASTATULA, FL 34705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CORIE ROBBINS

TRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date