

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736563

FILED
Mar 09, 2005
Secretary of State

Entity Name: DEERFIELD PACKER-RATTLER YOUTH LEAGUE FOOTBALL TEAM, INC.

Current Principal Place of Business:

180 SW 5TH COURT
DEERFIELD, FL 33441

New Principal Place of Business:

Current Mailing Address:

180 SW 5TH COURT
DEERFIELD, FL 33441

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, BERNARD
180 SW FIFTH COURT
DEERFIELD BCH., FL 33441 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, BERNARD
Address: 180 SW 5TH COURT
City-St-Zip: DEERFIELD, FL 33441

Title: VP () Delete
Name: SCOTT, NOVEL
Address: 661 N.E. 44TH STREET
City-St-Zip: POMPANO BCH, FL 33064

Title: TD () Delete
Name: PHILPART, FLORA
Address: 523 N.W. 3RD WAY
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD () Delete
Name: BERRY, LAWANDA
Address: 262 S.W. 1ST. TERR.
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FLORA PHILPART

TD

03/09/2005

Electronic Signature of Signing Officer or Director

Date