2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 748522

1. Entity Name
PALM BEACH COUNTY YOUTH FOOTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
P O BOX 20216 W PALM BCH, FL 33416-7216	PBCYFL PO BOX 20216 W PALM BCH, FL 33416-7216

DO NOT WRITE IN THIS SPACE

01272006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-2341857
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, CHARLES E
2252 SOUNDINGS CT
GREENACRES, FL 33413

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000468655
03/27/06-80009-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Q
STREET ADDRESS	2252 SOUNDING CT
CITY-ST-ZIP	W PALM BCH, FL 33413
TITLE	PD
NAME	MCDEAVITT, DAVID
STREET ADDRESS	4609 HUNTING TR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VD
NAME	SWANSON, ROY
STREET ADDRESS	194 AKRON RD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____ President 225.00 561 684-5948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #