

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005125	
1. Entity Name BOWLING GREEN YOUTH LEAGUES, CORP.	
Principal Place of Business 610 ORANGE STREET BOWLING GREEN, FL 33834	Mailing Address PO BOX 471 BOWLING GREEN, FL 33834-0471



DO NOT WRITE IN THIS SPACE

05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1110487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLIAMS-TATIS, D
630 ORANGE STREET
BOWLING GREEN, FL 33834**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

**U00000365221
05/09/05-80029-029 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DURASTANTI, DAVID PO BOX 54 BOWLING GREEN, FL 338340054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS-TATIS, D. PO BOX 333 BOWLING GREEN, FL 338340054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, BERNARD PO BOX 54 BOWLING GREEN, FL 338340054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CRANFORD, JOSEPH L SR 894 DOC COIL RD BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUNN, CLIFF PO BOX 788 BOWLING GREEN, FL 338340788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/05

Date

(863) 375-3338

Daytime Phone