2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N04000007282

Entity Name: OLDSMAR FALCONS YOUTH FOOTBALL AND CHEERLEADING, INC.

Current Principal Place of Business:

911 CHESNUT ST
CLEARWATER, FL 33756

New Principal Place of Business:

911 CHESNUT STREET
CLEARWATER, FL 33756 US

Current Mailing Address:

911 CHESNUT ST
CLEARWATER, FL 33756

New Mailing Address:

911 CHESNUT STREET
CLEARWATER, FL 33756 US

FEI Number: 20-1422264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESNUT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

CRONIN, MICHAEL T
911 CHESNUT STREET
CLEARWATER, FL 33756 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: MICHAEL T. CRONIN 04/20/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: WINGET, STEVE
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Change (X) Addition
Name: LYONS, JOHN
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Change (X) Addition
Name: EDDY, TAMMY
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

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: STEVE WINGET D 04/20/2005
Electronic Signature of Signing Officer or Director Date