## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002324

FILED Apr 18, 2007 Secretary of State

Entity Name: AUBURNDALE BULLS YOUTH TRAVEL FOOTBALL LEAGUE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

115 SHELBY STREET AUBURNDALE, FL 33823

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 1124 AUBURNDALE, FL 33823

FEI Number: 37-1505509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, TONY 186 WHITECLIFF BLVD

AUBURNDALE, FL FL 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition ANDERSON, TONY W CRUZ, MIGUEL Name: Name: 186 WHITECLIFF BLVD Address: 2010 AVE D SW Address:

City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD Title: (X) Change ( ) Addition ( ) Delete CARTER, DON E Name: KEY, JOSEPH E Name:

Address: 5754 SR 542 WEST Address: 115 SHELBY STREET City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: TD (X) Change ( ) Addition

CRUZ, MIGUEL HILL, LYNDA Name: Name: 530 PINNER COURT Address: 5754 SR 542 WEST Address: City-St-Zip: LAKE ALFRED, FL 33850 WINTER HAVEN, FL 33880 City-St-Zip:

Title: VPD ( ) Delete Title: SD (X) Change ( ) Addition

THOMPSON, ALLYSON Name: KEY, JOSEPH E Name: 145 EAGLE POINT BLVD Address: 115 SHELBY STREET Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: (X) Change ( ) Addition

ROBINSON, DENISE ROBINSON, DENISE Name: Name: 49 COLEMAN RD 49 COLEMAN RD Address: Address:

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete Title: ( ) Change (X) Addition

ANDERSON, TONY Name: Name: Address: Address: 186 WHITECLIFF BLVD AUBURNDALE, FL 33823 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH E KEY **VPD** 04/18/2007