2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N05000002324

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

Current Principal Place of Business:

115 SHELBY STREET
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1124
AUBURNDALE, FL 33823

New Mailing Address:

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

Name and Address of Current Registered Agent:

ANDERSON, TONY
186 WHITECLIFF BLVD
AUBURNDALE, FL FL 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: CRUZ, MIGUEL
Address: 2010 AVE D SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD ( ) Delete
Name: KEY, JOSEPH E
Address: 115 SHELBY STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete
Name: HILL, LYNDA
Address: 530 PINNER COURT
City-St-Zip: LAKE ALFRED, FL 33850

Title: SD ( ) Delete
Name: THOMPSON, ALLYSON
Address: 145 EAGLE POINT BLVD
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: ROBINSON, DENISE
Address: 49 COLEMAN RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: ANDERSON, TONY
Address: 186 WHITECLIFF BLVD
City-St-Zip: AUBURNDALE, FL 33823

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:

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 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: MIGUEL CRUZ PD 03/22/2009

Electronic Signature of Signing Officer or Director — Date