

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 003 ****61.25

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1. Entity Name
**MOUNT DORA YOUTH FOOTBALL LEAGUE,
INCORPORATED**



Principal Place of Business
**325 GRANT AVENUE
MOUNT DORA, FL 32757**

Mailing Address
**325 GRANT AVENUE
MOUNT DORA, FL 32757**

40114640



DO NOT WRITE IN THIS SPACE

05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOWARD, SHAWN
325 GRANT AVENUE
MOUNT DORA, FL 32757**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HOWARD, SHAWN
325 GRANT AVENUE
MOUNT DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BLANCO-THOMAS, MARIA
3527 LAUGHLIN ROAD
ZELLWOOD, FL 32798**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
LABOO, LISA
19830 LOOKOUT LANE
EUSTIS, FL 32736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
LIKELY, MARK
1111 SOUTH STREET
EUSTIS, FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Shawn Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07
Date

Daytime Phone #