

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008156

FILED
May 14, 2008
Secretary of State

Entity Name: MOUNT DORA YOUTH FOOTBALL LEAGUE, INCORPORATED

Current Principal Place of Business:

325 GRANT AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

325 GRANT AVENUE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Title: PRES () Delete
Name: HOWARD, SHAWN
Address: 325 GRANT AVENUE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP () Delete
Name: BLANCO-THOMAS, MARIA
Address: 3527 LAUGHLIN ROAD
City-St-Zip: ZELLWOOD, FL 32798 US

Title: TRES () Delete
Name: LABOO, LISA
Address: 19830 LOOKOUT LANE
City-St-Zip: EUSTIS, FL 32736 US

Title: SEC () Delete
Name: LIKELY, MARK
Address: 1111 SOUTH STREET
City-St-Zip: EUSTIS, FL 32726 US

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:

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: SHAWN HOWARD

PRES

05/14/2008

Electronic Signature of Signing Officer or Director

Date