

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004958

FILED
Apr 30, 2008
Secretary of State

Entity Name: SEMINOLE COUNTY YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

51 S FAIRFAX AVE
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

1020 CHESTERFIELD CIRCLE
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

P.O. BOX 196280
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 56-2578163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RILEY, TONY A
51 SOUTH FAIRFAX AVE.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

RILEY, TONY A
1020 CHESTERFIELD CIRCLE
WINTER SPRINGS, FL 32708 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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAKINS, STEVE
Address: 132 LORI ANNE LANE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SEC () Delete
Name: RILEY, BRENDA J
Address: 51 SOUTH FAIRFAX AVE.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: PRES () Delete
Name: RILEY, TONY A
Address: 51 SOUTH FAIRFAX AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: RILEY, TONY A
Address: 1020 CHESTERFIELD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: TONY RILEY

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date