

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000790

FILED
Feb 02, 2009
Secretary of State

Entity Name: CELEBRATION YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

209 NORFOLK PLACE
CELEBRATION, FL 34747

New Principal Place of Business:

52 RILEY ROAD
#308
CELEBRATION, FL 34747

Current Mailing Address:

209 NORFOLK PLACE
CELEBRATION, FL 34747

New Mailing Address:

52 RILEY ROAD
#308
CELEBRATION, FL 34747

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAUNTON, MARK
209 NORFOLK PLACE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SCOTT, TROY
809 OAK SHADOWS ROAD
CELEBRATION, FL 34747 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: TROY SCOTT

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAUNTON, MARK
Address: 209 NORFOLK PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: HOLSTEIN, SCOTT
Address: 439 WATER ST.
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: RAINES, DAVID
Address: 216 LONGVIEW AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: SARAGUSA, JOSEPH
Address: 206 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, TROY
Address: 809 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Change () Addition
Name: GRAHAM, JIM
Address: 52 RILEY ROAD, #308
City-St-Zip: CELEBRATION, FL 34747

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: TROY SCOTT

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date