FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27788

1. Corporation Name

CARDINAL YOUTH FOOTBALL LEAGUE INC.

Principal Place of Business	Mailing Address
W PIERO ST TAMPA FL 33614 US	PO BOX 273921 TAMPA FL 33688-3921 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 10212 North Boulevard **26**		08/02/1988

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	**27**	59-3094703	Not Applicable

City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23 Tampa, FL	**28**		

Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 33612	**25** US	**29**	**30**		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT LEVINSON 4809 WYNWOOD TAMPA FL 33615	**81** Name **82** Street Address (P.O. Box Number is Not Acceptable) **83** **84** City FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _Scott Levinson_   _Scott Levinson_   3/6/99
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PAD ☐ DELETE NAME SCOTT LEVINSON STREET ADDRESS 4809 WYNWOOD CITY-ST-ZIP TAMPA FL 33615		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☒ DELETE NAME WAYNE PIMMOL L. STREET ADDRESS 14320 DIPLOMAT CITY-ST-ZIP TAMPA FL 33615		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D Dan Robinson 1014 Crystal Lake Road Lutz, FL 33549	☐ Change ☐ Addition
TITLE TD ☐ DELETE NAME CAROL L DAVIS STREET ADDRESS 1415 POPE PLACE CITY-ST-ZIP LUTZ FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 33549	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Scott_ SIGNATURE REQUIRED _Scott Levinson_ 3/6/99 (813)263-3927