
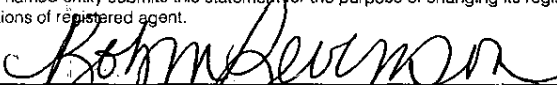
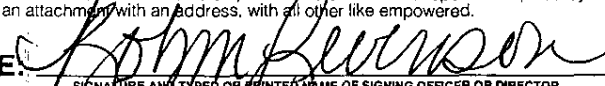


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 045 ****70.00

DOCUMENT # N27788 1. Entity Name CARDINAL YOUTH FOOTBALL LEAGUE INC.																																																																						
Principal Place of Business W. PERIO STREET TAMPA, FL 33614 US			Mailing Address W. PERIO STREET TAMPA, FL 33614 US																																																																			
2. Principal Place of Business 2120 W. Perio Street			3. Mailing Address P.O. Box 273921																																																																			
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																			
City & State Tampa, Florida			City & State Tampa, Florida																																																																			
Zip 33612			Zip 33688																																																																			
Country USA			Country USA																																																																			
6. Name and Address of Current Registered Agent LEVINSON, ROBIN 4809 WYNWOOD DR. TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 6-26-04 <small>DATE</small> </div> </div>																																																																						
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																		
Make check payable to Florida Department of State																																																																						
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>LEVINSON, ROBIN</td> <td>4809 WYNWOOD DR.</td> <td>TAMPA, FL 33615</td> <td></td> </tr> <tr> <td></td> <td>HESLIN, PATRICK</td> <td>6907 N. ORLEANS AVE</td> <td>TAMPA, FL 33604</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>SEWELL, JOHN M</td> <td>1207 E MCBERRY ST</td> <td>TAMPA, FL 33603</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>Vasquez, Luis</td> <td>1703 Overpar Drive</td> <td>Tampa, Florida 33612</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>Ficca, Juanita A.</td> <td>10235 Valle Drive</td> <td>Tampa, FL 33612</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		LEVINSON, ROBIN	4809 WYNWOOD DR.	TAMPA, FL 33615			HESLIN, PATRICK	6907 N. ORLEANS AVE	TAMPA, FL 33604	<input checked="" type="checkbox"/> Delete		SEWELL, JOHN M	1207 E MCBERRY ST	TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		Vasquez, Luis	1703 Overpar Drive	Tampa, Florida 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		Ficca, Juanita A.	10235 Valle Drive	Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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.																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> 6-26-04 <small>Date</small> </div> <div style="width: 15%; text-align: right;"> 885-9327 <small>Daytime Phone #</small> </div> </div>																																																																						

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