

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27788

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CARDINAL YOUTH FOOTBALL LEAGUE INC.

**Current Principal Place of Business:**

2120 W. PERIO STREET  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273921  
TAMPA, FL 33688 US

**New Mailing Address:**

FEI Number: 59-3094703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAZQUEZ, LUIS  
1703 OVERPAR DR  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

POLK, JAMES E  
1408 E. PANDERA AVENUE  
TAMPA, FL 33612 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: JAMES E. POLK

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PAD ( ) Delete  
Name: VASQUEZ, LUIS  
Address: 1703 OVERPLACE DR  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: LYON, TONY  
Address: 13421 KNOLLWOOD  
City-St-Zip: TAMPA, FL 33604

Title: TD ( ) Delete  
Name: FICCA, JUANITA A  
Address: 10235 VALLE DRIVE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PAD (X) Change ( ) Addition  
Name: POLK, JAMES E  
Address: 1408 PANDERA AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change ( ) Addition  
Name: HIGSMITH, STACY  
Address: 3806 E. CRAWFORD STREET  
City-St-Zip: TAMPA, FL 33604

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: JUANITA A FICCA

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date