## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33092

Entity Name: LAKE MARY YOUTH FOOTBALL ASSOCIATION, INC.

FILED May 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P O BOX 951901

LAKE MARY, FL 32795 US

Current Mailing Address: New Mailing Address:

P O BOX 951901

LAKE MARY, FL 32795 US

FEI Number: 52-1656189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SEGARS, CRAIG CRAWFORD, RICHARD 418 PALM CREST LANE 450 WOLDUNN CIRCLE LAKE MARY, FL 32746 LAKE MARY, FL 32746

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: RICHARD A. CRAWFORD 05/13/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: DS ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 FLYNT, ELAIN
 Name:
 STEELE, BILL

 Address:
 520 SERENITY PL
 Address:
 938 SHRIVER CIRCLE

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LAKE MARY, FL 32746

Title: BMD ( ) Delete Title: DV (X) Change ( ) Addition Name: SEGARS, CRAIG Name: FLYNT, ELAIN

 Address:
 418 PALM CREST LANE
 Address:
 520 SERENITY PLACE

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LAKE MARY, FL 32746

Title: T ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 DUFFY, DONNA
 Name:
 CRAWFORD, RICHARD

 Address:
 4 OLD POST RD.
 Address:
 450 WOLDUNN CIRCLE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LAKE MARY, FL 32746

Title: ( ) Delete Title: DT ( ) Change (X) Addition

 Name:
 Name:
 LOMBARDI, ANTHONY

 Address:
 Address:
 815 SHRIVER CIRCLE

 City-St-Zip:
 City-St-Zip:
 LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD A. CRAWFORD DS 05/13/2004