2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33092

FILED Apr 27, 2005 Secretary of State

Entity Name: LAKE MARY YOUTH FOOTBALL ASSOCIATION, INC.

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:

CRAWFORD, RICHARD 450 WOLDUNN CIRCLE 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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

US

Date

LAKE MARY, FL 32746

OFFICERS AND DIRECTORS:

LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 D/P (X) Change () Addition

 Name:
 STEELE, BILL
 Name:
 CRAWFORD, RICHARD

 Address:
 938 SHRIVER CIRCLE
 Address:
 450 WOLDUNN CIRCLE

Address: 938 SHRIVER CIRCLE Address: 450 WOLDUNN CIRCLE
City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

Title: DV () Delete Title: D/V (X) Change () Addition Name: FLYNT, ELAIN Name: HARMON, JEFF

Address: 520 SERENITY PLACE Address: 2152 BLUE IRIS
City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LONGWOOD, FL 32779

Title: DS () Delete Title: D/S (X) Change () Addition
Name: CRAWFORD, RICHARD Name: CARTER, BOBBI

Address: 450 WOLDUNN CIRCLE Address: 1524 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete Title: D/T (X) Change () Addition

Name: LOMBARDI, ANTHONY Name: CASE, BETH
Address: 815 SHRIVER CIRCLE Address: 1512 OBERLIN TERRACE

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 CRAWFORD D/P 04/27/2005