2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N33092

Entity Name: LAKE MARY YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 951901
LAKE MARY, FL 32795 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 951901
LAKE MARY, FL 32795 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CRAWFORD, RICHARD
450 WOLDUNN CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D/P	( ) Delete
Name:	CRAWFORD, RICHARD	
Address:	450 WOLDUNN CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D/V	( ) Delete
Name:	HARMON, JEFF	
Address:	2152 BLUE IRIS	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D/S	( ) Delete
Name:	CARTER, BOBBI	
Address:	1524 SHADOWMOSS CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D/T	( ) Delete
Name:	CASE, BETH	
Address:	1512 OBERLIN TERRACE	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D/T	(X) Change ( ) Addition
Name:	HISE, LUCY	
Address:	150 HAZEL BLVD	
City-St-Zip:	SANFORD, FL 32779	

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD A CRAWFORD D/P 04/19/2006

Electronic Signature of Signing Officer or Director Date