

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90075 008 ****61.25

DOCUMENT # N39419 1. Entity Name UPPER PINELLAS YOUTH FOOTBALL, INC.					
Principal Place of Business 3555 OLD KEYSTONE ROAD BUILDING TARPON SPRINGS, FL 34689 US			Mailing Address 36181 EAST LAKE ROAD POST OFFICE BOX 168 PALM HARBOR, FL 34685 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3089339	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POSAVEC, ROB 4721 WRENTHAM PL PALM HARBOR, FL 34684				Name <u>BRAD MCGUINNESS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3668 JANUS WAY</u> City <u>PALM HARBOR</u> FL Zip Code <u>34685</u>	
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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) 1/13/04 DATE			
Filing Fee is \$61.25 Due by May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, CHERYL		NAME	BRAD MCGUINNESS	
STREET ADDRESS	2600 WOODCOTE TERRACE		STREET ADDRESS	3668 JANUS WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSAVEC, ROB		NAME	ED RACHEL	
STREET ADDRESS	4721 WRENTHAM PL		STREET ADDRESS	4862 QUILL COURT	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL, ED		NAME	ERIC SPAZIANI	
STREET ADDRESS	4862 QUILL CT		STREET ADDRESS	540 WATERFORD CIRCLE WEST	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARLANA POSAVEC	
STREET ADDRESS			STREET ADDRESS	4721 Wrentham Place	
CITY-ST-ZIP			CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/21/04 727-938-9737 Date Daytime Phone #		