2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # N39419 1. Entity Name 03-08-2006 90186 027 ****61.25 UPPER PINELLAS YOUTH FOOTBALL, INC. Principal Place of Business Mailing Address 36181 EAST LAKE ROAD POST OFFICE BOX 168 PALM HARBOR FL 34685 3555 OLD KEYSTONE ROAD BUILDING ¢ TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3089339 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John Cole MCGUINNESS, BRAD Street Address (P.O. Box Number is Not Acceptable) 3668 JANUS WAY PALM HARBOR FL 34685 4171 Kirkaldy Brive 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. 2/27/06 DATE A CONTRACTOR OF THE STATE OF TH FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees (图表)蒙蒙 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. DIVP Director Change Delete John Cole 4171 Kirkaldy Hrive Palm Harkor, FL 34685 MCGUINNESS, BRAD NAME 3668 JANUS WAY STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-7IP CITY-ST-7IP Delete DIA X Change TITLE TITLE Addition NAME SPAZIANI, ERIC NAME 540 WATERFORD CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Delete ☐ Change ☐ Addition POSAVEC, MARLANA NAME NAME STREET ADDRESS 4721 WRENTHAM PLACE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

a. Cale

SIGNATURE:

FILED

2/27/06 213-503-6082