

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000244**

1. Entity Name

**GREATER CENTRAL FLORIDA YOUTH LEAGUE, INC.**



Principal Place of Business

**341 N. MAITLAND AVENUE, STE 250  
MAITLAND, FL 32751 US**

Mailing Address

**341 N. MAITLAND AVENUE, STE 250  
MAITLAND, FL 32751 US**



01242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3132871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DORMAN, JAMES B JR  
341 N. MAITLAND AVENUE, STE 250  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000937807

05/27/08-80064-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HYATT, MICHAEL
STREET ADDRESS	3111 DOW CT
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VD
NAME	BASILE, FRANK
STREET ADDRESS	700 VALLEY STREAM DRIVE
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	TD
NAME	DORMAN, JAMES B JR
STREET ADDRESS	341 N. MAITLAND AVENUE, STE 250
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**4/15/2008**

Date

Daytime Phone #