

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005139

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** TOWN 'N COUNTRY PACKER YOUTH FOOTBALL, INC.

**Current Principal Place of Business:**

4407 W. IDLEWILD AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260134  
TAMPA, FL 33685 US

**New Mailing Address:**

**FEI Number:** 65-0430014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, MARITZA  
4407 W. IDLEWILD AVE  
TAMPA, FL 33614 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: PRES  
Name: GARCIA, MARITZA  
Address: 4407 W. IDLEWILD AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: A.D.  
Name: PAREDES, PAUL  
Address: 16702 NORWOOD DR  
City-St-Zip: TAMPA, FL 33624

Title: REG  
Name: SANDERS, SALLY  
Address: 7509 OAKVISTA CIRCLE  
City-St-Zip: TAMPA, FL 33634 US

Title: VP  
Name: HOPKINS, ANGELINA  
Address: 10717 GLEN ELLEN DR.  
City-St-Zip: TAMPA, FL 33624

Title: CC  
Name: PAREDES, JUDY  
Address: 16702 NORWOOD DR  
City-St-Zip: TAMPA, FL 33624

Title: TREA  
Name: NORMAN, BILL  
Address: 410 STRATFIELD DR  
City-St-Zip: TAMPA, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: MARITZA GARCIA

PRES

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date