

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002507

FILED
Mar 05, 2009
Secretary of State

Entity Name: PALM CITY YOUTH FOOTBALL, INC.

Current Principal Place of Business:

709 SW BRYANT AVE
STUART, FL 34994

New Principal Place of Business:

2703 SW GLENMOOR WAY
PALM CITY, FL 34990 US

Current Mailing Address:

PO BOX 1792
PALM CITY, FL 34991

New Mailing Address:

PO BOX 1792
PALM CITY, FL 34990 US

FEI Number: 65-0664299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, PATRICK
709 SW BRYANT AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

GIMPLE, GLEN
2703 SW GLENMOOR WAY
PALM CITY, FL 34990 US

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: GLEN GIMPLE

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: OSTERHOLZ, RICHARD W
Address: 4917 SW SAINT CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: CASEY, PATRICK
Address: 709SW BRYANT AVE
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: GIMPLE, GLEN
Address: 2703 SW GLENMOOR WAY
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: HARRIS, MARYJAN
Address: 3571 SW THISTLEWOOD LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: OSTERHOLZ, RICHARD W
Address: 4917 SW SAINT CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: TD (X) Change () Addition
Name: FENEX, CHARLENE
Address: 1691 SW 39TH ST
City-St-Zip: PALM CITY, FL 34990 US

Title: PD (X) Change () Addition
Name: GIMPLE, GLEN
Address: 2703 SW GLENMOOR WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: SD (X) Change () Addition
Name: HARRIS, MARYJAN
Address: 3571 SW THISTLEWOOD LANE
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify 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: CHARLENE FENEX

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date