

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002507

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** PALM CITY YOUTH FOOTBALL, INC.

**Current Principal Place of Business:**

2703 SW GLENMOOR WAY  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1792  
PALM CITY, FL 34990 US

**New Mailing Address:**

**FEI Number:** 65-0664299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIMPLE, GLEN  
2703 SW GLENMOOR WAY  
PALM CITY, FL 34990 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:** VPD  
**Name:** KILINSKI, DAVE  
**Address:** 597 SE ASHLEY OAKS WAY  
**City-St-Zip:** STUART, FL 34997 US

**Title:** TD  
**Name:** FENEX, CHARLENE  
**Address:** 1691 SW 39TH ST  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** PD  
**Name:** GIMPLE, GLEN  
**Address:** 2703 SW GLENMOOR WAY  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** SD  
**Name:** MCNEVIN, JACLYNN  
**Address:** 2084 SW AGUSTA TRACE  
**City-St-Zip:** PALM CITY, FL 34990 US

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:** CHARLENE FENEX

TD

03/04/2010

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

\_\_\_\_\_  
Date