

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002507

FILED  
Feb 10, 2012  
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:**

2499 SW IMPALA WAY  
STUART, FL 34997 US

**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:**

COLLINS, PAYTON  
2499 SW IMPALA WAY  
STUART, FL 34997 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: PAYTON COLLINS

02/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLLINS, PAYTON  
Address: 2499 SW IMPALA DR  
City-St-Zip: PALM CITY, FL 34990 US

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

Title: VPD  
Name: DICKENS, ERIC  
Address: 4539 SW LAPALOMA DR  
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

02/10/2012

Electronic Signature of Signing Officer or Director

Date