

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000821

FILED
May 09, 2007
Secretary of State

Entity Name: NORTHSIDE YOUTH FOOTBALL, INC

Current Principal Place of Business:

2650 N LAKEVIEW DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272316
TAMPA, FL 336882316

New Mailing Address:

FEI Number: 48-2483511 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PUHALSKI, ERIKA S
5904 HAMMOCK WOODS DR
ODESSA, FL 33556 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: PD () Delete
Name: ORMSBY, KEVIN
Address: 12824 WALLINGFORD DR.
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: MARSHALL, GREG
Address: 3811 NORTHGREEN AVE.
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: CIMINO, MICHELLE M
Address: 18906 ARBOR DRIVE
City-St-Zip: LUTZ, FL 33548

Title: TD () Delete
Name: PUHALSKI, ERIKA S
Address: 5904 HAMMOCK WOODS DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIKA S PUHALSKI

TREA

05/09/2007

Electronic Signature of Signing Officer or Director

Date