2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000821

Entity Name: NORTHSIDE YOUTH FOOTBALL, INC

FILED May 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2650 N LAKEVIEW DRIVE TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

P.O. BOX 272316 TAMPA, FL 336882316

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: Name and Address of New Registered Agent:

PUHALSKI, ERIKA S COLE, CRYSTAL 5904 HAMMOCK WOODS DR 18201 TIVOLI LANE ODESSA, FL 33556 US LUTZ, FL 33558 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: CRYSTAL COLE 05/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: ORMSBY, KEVIN Name: WILLIAMS, KEVIN
Address: 12824 WALLINGFORD DR. Address: 5711 LEGACY CRESCENT PLACE #202

City-St-Zip: TAMPA, FL 33624 City-St-Zip: RIVERVIW, FL 33578

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 MARSHALL, GREG
 Name:
 MAZVE, MARK

 Address:
 3811 NORTHGREEN AVE.
 Address:
 2801 ORMANDY CT

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 TAMPA, FL 33618

Title: SD () Delete Title: () Change () Addition

 Name:
 CIMINO, MICHELLE M
 Name:

 Address:
 18906 ARBOR DRIVE
 Address:

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:

 Name:
 PUHALSKI, ERIKA S
 Name:
 COLE, CRYSTAL

 Address:
 5904 HAMMOCK WOODS DR.
 Address:
 18210 TIVOLI LANE

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 LUTZ, FL 33558

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: CRYSTAL COLE TD 05/21/2008