

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004098

1. Entity Name
NATIONAL YOUTH FOOTBALL LEAGUE, INC.



Principal Place of Business
3200 NW 151ST TERRACE
MIAMI, FL 33054

Mailing Address
PO BOX 601481
MIAMI, FL 33060



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2355046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, PHILLIP M
20216 NE 10TH COURT ROAD
MIAMI, FL 33179

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000949474
06/03/08-80030-019 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOSSIE, RICK
STREET ADDRESS 1180 NW 184 WAY
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D
NAME ALLEN, EDDY
STREET ADDRESS 13641 SW 21 STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D
NAME DOUGLAS, DWAIN
STREET ADDRESS 3200 NW 151 TERRACE
CITY-ST-ZIP MIAMI, FL 33054

TITLE P
NAME JACKSON, PHILLIP
STREET ADDRESS 20216 NE 10TH COURT ROAD
CITY-ST-ZIP MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

Daytime Phone #