2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006683

FILED Mar 01, 2009 Secretary of State

Entity Name: BRANDON STEELERS YOUTH FOOTBALL, INC.

Current Principal Place of Business: New Principal Place of Business: 5417 PROVIDENCE RD RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 809 E. BLOOMINGDALE AVE 709 SOMERSTONE DR PMB #310 VALRICO, FL 33594 BRANDON, FL 33511 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEITS, SUSAN OLIVA, CAROL 709 SÓMERSTONE DR 629 PINE FOREST DR BRANDON, FL 33511 US VALRICO, FL 33594 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: CAROL OLIVA 03/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANTANA, J.C. Name: Name: 11530 ANDY DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition RIVERA, GEORGE Name: GAC, SERVANDO Name: Address: 2301 NEEDHAM DR. Address: 5417 PROVIDENCE RD City-St-Zip: VALRICO, FL 33594 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: (X) Change () Addition WEITS, SUSAN OLIVA, CAROL Name: Name: 629 PINE FOREST DR 709 SOMERSTONE DR Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: (X) Change () Addition Name: LESTER, RICK Name: BENNETT, CATHY 703 VALENCIA WOODS Address: Address: 10449 FLY FISHING ST City-St-Zip: SEFFNER, FL 33584 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: (X) Change () Addition RIVERA, CHARLENE LEE, JESSICA Name: Name: 712 W EVERINA CIR 2301 NEEDHAM DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: BRANDON, FL 33510 Title: () Delete Title: () Change (X) Addition ROUSH, BRIAN Name: Name:

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.

Address:

City-St-Zip:

5417 PROVIDENCE RD RIVERVIEW, FL 33569 US

SIGNATURE: CAROL OLIVA S 03/01/2009

Address:

City-St-Zip: