

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006683

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** BRANDON RAVENS YOUTH FOOTBALL, INC.

**Current Principal Place of Business:**

5417 PROVIDENCE RD  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

810 BLOOMINGDALE AVE  
BOX 310  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 59-3544247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTANA, JUAN C  
11530 ANDY DR  
RIVERVIEW, FL 33569 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: P  
Name: SANTANA, J.C.  
Address: 11530 ANDY DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP  
Name: DERMODY, SCOTT  
Address: 5417 PROVIDENCE RD  
City-St-Zip: BRANDON, FL 33511

Title: S  
Name: SANTANA, KATIANA  
Address: 11530 ANDY DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: T  
Name: BRIMNER, TERESA  
Address: 3603 SOUTHWIOW CT  
City-St-Zip: BRANDON, FL 33511

Title: T  
Name: DELONES, CRYSTAL  
Address: 3119 OAK TREE PL  
City-St-Zip: VALRICO, FL 33596

Title: T  
Name: RADCLIFF, DAYMON  
Address: 5417 PROVIDENCE RD  
City-St-Zip: RIVERVIEW, FL 33569

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: JUAN C. SANTANA

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date