2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 737154

Entity Name: PINELLAS PARK YOUTH SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

6050 76TH AVE N
FIELD #1
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-1834981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINESMITH, ROBERT D
10380 US HWY 19 N
PINELLAS PARK, FL 33782 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:	DP	( ) Delete
Name:	LEE, TIM	
Address:	1230 47TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	DV	(X) Delete
Name:	MAY, BILL	
Address:	2528 65TH AVE. N.	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	DT	( ) Delete
Name:	CURRY, TIFFANY	
Address:	7690 56TH STREET	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	SD	( ) Delete
Name:	MAY, LISA	
Address:	2528 65 AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33702	

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 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: TIFFANY CURRY DT 01/10/2006
Electronic Signature of Signing Officer or Director — Date