

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758860

FILED
Mar 20, 2008
Secretary of State

Entity Name: NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.

Current Principal Place of Business:

2050 VISTA PARKWAY
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

2050 VISTA PARKWAY
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-2134374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGH, FREDERIC C
2050 VISTA PARKWAY
WEST PALM BCH, FL 33411 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: DPCE () Delete
Name: ENGH, FREDRIC C,
Address: 200 MIRAMAR WAY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: 3VPD () Delete
Name: WANN, DANIEL
Address: MURRAY STATE UNIVERSITY
City-St-Zip: MURRAY, KY 42071

Title: DVPC () Delete
Name: JOHNSTON, MARTY
Address: 26 NOBLE GLEN DRIVE
City-St-Zip: SAVANNAH, GA 31406

Title: DT () Delete
Name: BAGGETT, WILLIAM,
Address: 12791 PACKWOOD ROAD
City-St-Zip: JUNO ISLAND, FL

Title: 2VPD () Delete
Name: GRAY, MICHAEL,
Address: 1203 FARMCREST DRIVE
City-St-Zip: UNION, KY 41091

Title: DS () Delete
Name: NAKAMURA, BRIAN
Address: C/O CITY HALL, 1717 NINTH STREET
City-St-Zip: REEDLEY, CA 93654

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
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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 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: YOLANDA WILLIAMS

CFO

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date