

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N01000000461

Entity Name: PORT ST. JOHN YOUTH SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

6450 GOLFVIEW AVE.
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 692
SHARPES, FL 32959

New Mailing Address:

FEI Number: 59-3691826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, PATRICK
6450 GOLFVIEW AVE.
COCOA, FL 32927 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: COYNE, PATRICK
Address: 6450 GOLFVIEW AVE.
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: RIVERS, GARY
Address: 7233 CARLOWE AVE
City-St-Zip: COCOA, FL 32927

Title: CC () Delete
Name: BARIS, CINDI
Address: 4085 NATURE LANE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: TETTING, PETER M
Address: 6784 ACRE WOODS CT.
City-St-Zip: COCOA, FL 32927

Title: DV () Delete
Name: CISCO, KEN
Address: 7383 BUMELIA DR.
City-St-Zip: COCOA, FL 32927

Title: S () Delete
Name: FULLER, ROCHELLE
Address: 1435 MELROSE ST
City-St-Zip: COCOA, FL 32922

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: T (X) Change () Addition
Name: ROWLAND, KARLA I
Address: 6033 ACKARD AVE
City-St-Zip: COCOA, FL 32927

Title: DV (X) Change () Addition
Name: ROWLAND JR., ROBERT T
Address: 6033 ACKARD AVE
City-St-Zip: COCOA, FL 32927

Title: S (X) Change () Addition
Name: CANTRELL, JOY
Address: 4560 PIEDRAS STREET
City-St-Zip: COCOA, FL 32927

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: KARLA ROWLAND

T

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date