

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001126

1. Entity Name
FIRE YOUTH SPORTS, INC.



Principal Place of Business
**1525 MARTIN LUTHER KING JR. AVE.
LAKELAND, FL 33805**

Mailing Address
**P.O. BOX 93099
LAKELAND, FL 33804 US**



01102005 No Chg-NP CR2E007 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID A ESQ
225 E. LEMON ST., STE. 300
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAW, ANDRAE
STREET ADDRESS	617 HICKORY LN
CITY - ST - ZIP	LAKELAND, FL 33801
TITLE	D
NAME	MCGRIFF, TERRENCE
STREET ADDRESS	P.O. BOX 93099
CITY - ST - ZIP	LAKELAND, FL 33804
TITLE	D
NAME	HUGHES, KENNY
STREET ADDRESS	1136 W. 12TH ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	D
NAME	STRICKLAND, IRVING
STREET ADDRESS	627 BURNELL AVE
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	D
NAME	LANE, TOMMY
STREET ADDRESS	1011 W. 10TH ST.
CITY - ST - ZIP	LAKELAND, FL 33805
TITLE	D
NAME	MCGRIFF, DARRENCE
STREET ADDRESS	PO BOX 484
CITY - ST - ZIP	LAKELAND, FL 33802

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IN THIS SPACE**

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01/21/05-80043-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darrence A. McGriff **Darrence A. McGriff** - 1-17-05 (863) 640-3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____