


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 027 ****61.25

DOCUMENT # N03000009443

1. Entity Name
WAKULLA YOUTH ATHLETES, INC.



Principal Place of Business
 151 COUNCIL MOORE RD.
 CRAWFORDVILLE, FL 32327

Mailing Address
 151 COUNCIL MOORE RD.
 CRAWFORDVILLE, FL 32327

1401J064



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01242004 Chg-NP CR2E037 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 20-0218511 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ZUBER, STACY
 203 TRICE LANE
 CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Stacy Zuber Stacy Zuber 1-29-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MILLS, DARLENE |
| STREET ADDRESS | 151 COUNCIL MOORE RD. |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ZUBER, STACY |
| STREET ADDRESS | 203 TRICE LANE |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LOVSTRAND, TERRI |
| STREET ADDRESS | 193 GLOVER LANE |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | ANNAND, LEIGH |
| STREET ADDRESS | 49 LIVE OAK LANE |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | PERKINS, CAROL |
| STREET ADDRESS | 82 CULBREATH LANE |
| CITY-ST-ZIP | CRAWFORDVILLE, FL 32327 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leigh Annand 4/28/04 850-926-7151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #