

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009443

FILED  
Sep 06, 2005  
Secretary of State

Entity Name: WAKULLA YOUTH ATHLETES, INC.

**Current Principal Place of Business:**

151 COUNCIL MOORE RD.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

193 GLOVER LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

151 COUNCIL MOORE RD.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

193 GLOVER LANE  
CRAWFORDVILLE, FL 32327

FEI Number: 20-0218511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ZUBER, STACY  
203 TRICE LANE  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

LOVESTRAND, TERRI  
193 GLOVER LANE  
CRAWFORDVILLE, FL 32327      US

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: TERRI LOVESTRAND

09/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MILLS, DARLENE  
Address: 151 COUNCIL MOORE RD.  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: ZUBER, STACY  
Address: 203 TRICE LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      ( ) Delete  
Name: LOVESTRAND, TERRI  
Address: 193 GLOVER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T      ( ) Delete  
Name: ANNAND, LEIGH  
Address: 49 LIVE OAK LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S      (X) Delete  
Name: PERKINS, CAROL  
Address: 82 CULBREATH LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: LOVESTRAND, TERRI  
Address: 193 GLOVER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D      (X) Change ( ) Addition  
Name: HOLLINGTON, PAM  
Address: 271 AARAN STRICKLAND ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S      (X) Change ( ) Addition  
Name: CHASON, ALLISON  
Address: 116 CASORA DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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 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 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: TERRI LOVESTRAND

D

09/06/2005

Electronic Signature of Signing Officer or Director

Date