

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2006
Secretary of State**

DOCUMENT# N03000009443

Entity Name: WAKULLA YOUTH ATHLETES, INC.

Current Principal Place of Business:

193 GLOVER LANE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

193 GLOVER LANE
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-0218511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

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
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 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: TERRI LOVESTRAND

D

01/21/2006

Electronic Signature of Signing Officer or Director

Date