

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001115

FILED
May 08, 2006
Secretary of State

Entity Name: SOUTHERN YOUTH SPORTS ASSOCIATION INC.

Current Principal Place of Business:

1801 WEST JACKSON ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1801 WEST JACKSON ST.
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 27-0116180 **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:

MAY, TAMMIE
1801 WEST JACKSON ST.
PENSACOLA, FL 32501 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: CEOP () Delete
Name: MAY, LUMON
Address: 1801 WEST JACKSON ST.
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: PALMER, RAY
Address: 1525 N J ST.
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: MAY, TAMMIE
Address: 1801 WEST JACKSON ST.
City-St-Zip: PENSACOLA, FL 32501

Title: T () Delete
Name: WATKINS, ELDER B
Address: 2159 CLIFFBROOK
City-St-Zip: PENSACOLA, FL 32526

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: LUMON MAY

CEOP

05/08/2006

Electronic Signature of Signing Officer or Director

Date