

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007840

FILED
Apr 29, 2008
Secretary of State

Entity Name: OCALA YOUTH LACROSSE CLUB, INCORPORATED

Current Principal Place of Business:

1211 SE 22ND RD
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1211 SE 22ND RD
OCALA, FL 34471

New Mailing Address:

FEI Number: 11-3819969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, GREG
7398 SW 12TH CIRCLE
OCALA, FL 34480 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: P () Delete
Name: BALBONI, PAUL
Address: 1558 NE 10TH ST
City-St-Zip: OCALA, FL 34470

Title: V () Delete
Name: RYAN, DENNIS
Address: 9787 SE 138TH LOOP
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: KELLY, GREG
Address: 7398 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: SMITH, YVONNE
Address: 1211 SE 22ND RD
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: RYAN, GAIL
Address: 9787 SE 138TH LOOP
City-St-Zip: SUMMERFIELD, FL 34491

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL BALBONI

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date