

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44715

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: NATIONAL COUNCIL OF YOUTH SPORTS, INC.

**Current Principal Place of Business:**

7185 SE SEAGATE LN  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

7185 SE SEAGATE LN  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 62-1339470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SALLY JOHNSON  
7185 SE SEAGATE LANE  
STUART, FL 34997 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: JOHNSON, SALLY S  
Address: 7185 SE SEAGATE LANE  
City-St-Zip: STUART, FL 34997 US

Title: P ( ) Delete  
Name: WANDA, RUTLEDGE L  
Address: 83 PINWOOD DRIVE  
City-St-Zip: HAMILTON SQUARE, NJ 08690 US

Title: VD ( ) Delete  
Name: BUTLER, JON  
Address: 586 MIDDLETOWN BLVD STE C-100  
City-St-Zip: LANGHORNE, PA 19047 US

Title: D ( ) Delete  
Name: MCCONNELL, ALICIA  
Address: ONE OLYMPIC PLAZA  
City-St-Zip: COLORADO SPRINGS, CO 80909 US

Title: DS ( ) Delete  
Name: MARSHALL, PAMELA  
Address: PO BOX 10000 C/O WDW RESORTS  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

**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: SALLY S. JOHNSON

D

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date