


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90003 040 ****61.25

DOCUMENT # N99000006031					
1. Entity Name BRONSON YOUTH LEAGUE, INC.					
Principal Place of Business BRONSON RECREATION PARK ALT C-RD 24 BRONSON, FL 32621			Mailing Address POST OFFICE BOX 553 BRONSON, FL 32621		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, DAVID 215 E MAIN STREET BRONSON, FL 32621				Name <u>James Darden</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>8351 NE 106 ST</u>	
				City <u>Bronson</u> FL Zip Code <u>32621</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>James J. Darden Jr</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DAVID		NAME	Darden, James	
STREET ADDRESS	215 E MAIN STREET		STREET ADDRESS	PO Box 402 8351 NE 106 ST	
CITY-ST-ZIP	BRONSON, FL 32621		CITY-ST-ZIP	Bronson, FL 32621	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, WALY		NAME	micheal Tolodxi	
STREET ADDRESS	11651 NE 109TH DR		STREET ADDRESS	2165 Pine Drive	
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP	Bronson FL 32621	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILL, KATHRYN C		NAME	Karen Browne	
STREET ADDRESS	10850 NE 116TH ST		STREET ADDRESS	9351 NE 121 Terr	
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP	Williston FL 32696	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BRANDI		NAME	William Rightzell Jr	
STREET ADDRESS	215 E MAIN STREET		STREET ADDRESS	681 Davis Street	
CITY-ST-ZIP	BRONSON, FL 32621		CITY-ST-ZIP	Bronson, FL 32621	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James J. Darden Jr</u> 8-14-06 352-745-8685 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

