I hereby 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 all other like empowered.

# Name and Address of Current Registered Agent:

SESSA, JOHN 12100 90TH AVE. NORTH SEMINOLE, FL 33772 US

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	: JOHN SESSA			04/03/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR		
Name	SESSA, JOHN	Name	KNIGHT, CANDIE		
Address	PO BOX 3314	Address	PO BOX 3314		
City-State-Zip:	SEMINOLE FL 33775	City-State-Zip:	SEMINOLE FL 33775		
Title	TREASURER, DIRECTOR	Title	VP, DIRECTOR		
Name	TAYLOR, CHRIS	Name	PIOVANO, ALEX		
Address	PO BOX 3314	Address	PO BOX 3314		
City-State-Zip:	SEMINOLE FL 33775	City-State-Zip:	SEMINOLE FL 33775		

### Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/03/2017

FILED Apr 03, 2017 Secretary of State CC0315095677

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 725685**

Entity Name: SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.

#### **Current Principal Place of Business:**

12100 90TH AVE N SEMINOLE, FL 33772

### **Current Mailing Address:**

POST OFFICE BOX 3314 SEMINOLE, FL 33775 US

## FEI Number: 59-1462643

Date