

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000461

**FILED**  
**Jan 03, 2013**  
**Secretary of State**  
**CC3144418881**

**Entity Name:** PORT ST. JOHN YOUTH SPORTS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O BOX 71  
SHARPES, FL 32959

**Current Mailing Address:**

P.O. BOX 71  
SHARPES, FL 32959 US

**FEI Number: 59-3691826**

**Certificate of Status Desired: No**

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

FITZPATRICK, BERNADETTE  
P.O BOX 71  
SHARPES, FL 32959 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: BERNADETTE FITZPATRICK**

**01/03/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FITZPATRICK, BERNADETTE M  
Address 4200 KIPLING DR  
City-State-Zip: COCOA FL 32927

Title T  
Name WILSON, TONYA  
Address P.O BOX 71  
City-State-Zip: SHARPES FL 32959

Title EXECUTIVE SECRETARY  
Name MORGAN, JENNIFER R  
Address P.O BOX 71  
City-State-Zip: SHARPES FL 32959

Title FOOTBALL DIRECTOR  
Name KEN , MORGAN  
Address 4682 SEATTLE ST  
City-State-Zip: COCOA FL 32927

Title COMMISSIONER  
Name FITZPATRICK, MARK A  
Address P.O BOX 71  
City-State-Zip: SHARPES FL 32959

*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.*

**SIGNATURE: BERNADETTE FITZPATRICK**

**PRESIDENT**

**01/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date