

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44715

**Entity Name:** NATIONAL COUNCIL OF YOUTH SPORTS, INC.

**Current Principal Place of Business:**

4210 WATERFORD DRIVE  
SUWANNE, GA 30024

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**3707050709CC**

**Current Mailing Address:**

4210 WATERFORD DRIVE  
SUWANNE, GA 30024 US

**FEI Number:** 62-1339470

**Certificate of Status Desired:** Yes

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

MOSS, WAYNE EXECUTIVE DIRECTOR  
4210 WATERFORD DRIVE  
SUWANNE, FL 30024 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:** WAYNE B. MOSS

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name MOSS, WAYNE B  
Address 4210 WATERFORD DRIVE  
City-State-Zip: SUWANNE GA 30024

Title P  
Name RUTLEDGE, WANDA  
Address 83 PINWOOD DRIVE  
City-State-Zip: HAMILTON SQUARE NJ 08690

Title TREASURER  
Name TRISH , SYLVIA  
Address 6001 COCHRAN RD  
City-State-Zip: SOLON OH 44139

Title CHAIRMAN  
Name ANDRASKO, ADAM  
Address 1 OLYMPIC PLAZA  
City-State-Zip: COLORADO SPRINGS FL 80907

Title VC  
Name CROWE, JACK  
Address 1730 RICHARD ARRINGTON BLVD  
SOUTH  
City-State-Zip: BIRMINGHAM AL 35205

Title SECRETARY  
Name FRIED, GIL  
Address 11000 UNIVERSITY PARKWAY  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name CARPENETTI, ANN KITT  
Address 2 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title DIRECTOR  
Name JANOSKY, JOSEPH  
Address 535 E. 70TH STREET  
City-State-Zip: NEW YORK NY 10021

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*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:** WAYNE MOSS

**EXECUTIVE DIRECTOR**

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KUBIS, STAN  
Address 569 MLK JR. DRIVE  
City-State-Zip: ATLANTA GA 30314

Title DIRECTOR  
Name O'BRIEN, MARK  
Address 261 STARS WAY  
City-State-Zip: EMERSON GA 30121

Title DIRECTOR  
Name SNYDER, CHRIS  
Address 5801 AUGUSTO ST.  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name BODEN, BARRY DR.  
Address 14995 SHADY GROVE  
#350  
City-State-Zip: ROCKVILLE MD 20850

Title DIRECTOR  
Name SHY, SHANNON  
Address 1000 S. POINTE DRIVE  
STE TH-A9  
City-State-Zip: MIAMI FL 33139