

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723115

FILED
Mar 29, 2008
Secretary of State

Entity Name: LAKEWOOD JR. SPARTANS YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

4801 31ST STREET
B
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

4801 31ST STREET
SUITE B
SAINT PETERSBURG, FL 33712

Current Mailing Address:

P.O. BOX 530083
ST. PETERSBURG, FL 33747

New Mailing Address:

FEI Number: 59-1844501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, BECKY
3901 6TH STREET S.
SAINT PETERSBURG, FL 33705 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: P () Delete
Name: BENJAMIN, BECKY
Address: 3901 6TH ST. S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: COLEMAN, JOANNY
Address: 4242 CARDINAL WAY S.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: O () Delete
Name: BROWN, WES
Address: 1524 13TH ST. S.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: F () Delete
Name: GOODWIN, SABRINA
Address: 6830 23RD ST. S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: A () Delete
Name: TAYLOR, LORI
Address: 332 BELLAIR DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

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: A (X) Change () Addition
Name: JACKSON, CANDACE
Address: 1175 PINELLAS POINT DR. SOUTH #239
City-St-Zip: SAINT PETERSBURG, FL 33705

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: BECKY BENJAMIN

PRES

03/29/2008

Electronic Signature of Signing Officer or Director

Date