

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743496

FILED
Feb 27, 2009
Secretary of State

Entity Name: PINECREST YOUTH FOOTBALL, INC.

Current Principal Place of Business:

7950 LITHIA PINECREST RD.
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-2901671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, GREG
5913 JAEGERGLEN DR
LITHIA, FL 33547 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: STALLINGS, GREG
Address: 5913 JAEGERGLEN DR
City-St-Zip: LITHIA, FL 33547

Title: VP () Delete
Name: LYCETT, GEORGE
Address: 5924 JAEGERGLEN DR
City-St-Zip: LITHIA, FL 33547

Title: T () Delete
Name: GREEN, SHEILA
Address: 5810 SIERRA CREST LN
City-St-Zip: LITHIA, FL 33547

Title: S () Delete
Name: WALLY, MEG
Address: 1302 PELOTE CEMETERY
City-St-Zip: LITHIA, FL 33547

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: S (X) Change () Addition
Name: DANIEL, JENNIFER
Address: 16827 HAWKRIDGE ROAD
City-St-Zip: LITHIA, FL 33547

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: SHEILA GREEN

T

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date