

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90036 047 ****61.25

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1. Entity Name
DESOTO COUNTY YOUTH ATHLETIC ASSOCIATION,
INC.



Principal Place of Business
22 N PARK AVE
ARCADIA, FL 34266 US

Mailing Address
PO BOX 1654
ARCADIA, FL 34265 US

40043954



DO NOT WRITE IN THIS SPACE

02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2375523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGE, PATRICK
819 N MILLS AVE.
SUITE C
ARCADIA, FL 34266

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANGE, PATRICK PRES.
STREET ADDRESS 819 NORTH MILLS AVENUE, SUITE C
CITY-ST-ZIP ARCADIA, FL 34266

TITLE TD
NAME CAMP, KEN J TRES.
STREET ADDRESS 1678 SW FLETCHER ST
CITY-ST-ZIP ARCADIA, FL 34266

TITLE SFD
NAME LANGE, JENNIFER SEC.
STREET ADDRESS 819 NORTH MILLS AVENUE, SUITE C
CITY-ST-ZIP ARCADIA, FL 34266

TITLE VD
NAME JOHNSON, ELMER VICE.PR
STREET ADDRESS 2050 NW HOWARD AVE.
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth E. Camp Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 25 08
Date

863-990-9005
Daytime Phone #