2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 750146

Entity Name: DESOTO COUNTY YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

22 N PARK AVE
ARCADIA, FL 34266 US

New Principal Place of Business:

1175 SW HILLSBOROUGH AVENUE
ARCADIA, FL 34266 US

Current Mailing Address:

PO BOX 1654
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-2375523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGE, PATRICK
819 N MILLS AVE.
SUITE C
ARCADIA, FL 34266 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:	PD	( ) Delete
Name:	LANGE, PATRICK PRES.	
Address:	819 NORTH MILLS AVENUE, SUITE C	
City-St-Zip:	ARCADIA, FL 34266	
Title:	TD	( ) Delete
Name:	CAMP, KEN J TRES.	
Address:	1678 SW FLETCHER ST	
City-St-Zip:	ARCADIA, FL 34266	
Title:	SFD	( ) Delete
Name:	LANGE, JENNIFER SEC.	
Address:	819 NORTH MILLS AVENUE, SUITE C	
City-St-Zip:	ARCADIA, FL 34266	
Title:	VD	( ) Delete
Name:	JOHNSON, ELMER VICE.PR	
Address:	2050 NW. HOWARD AVE.	
City-St-Zip:	ARCADIA, FL 34266	

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:	

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: PATRICK LANGE PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date