2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754338

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LAKELAND, FL 33813

LAKELAND, FL 33813

GRANT, RICHARD

() Delete

1206 CANDLEWOOD DRIVE

TREA

FILED May 03, 2007 Secretary of State

Entity Name: LAKELAND HIGHLANDS YOUTH SOCCER, ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: CARTER ROAD SPORTS COMPLEX 500 W. CARTER ROAD LAKELAND, FL 33813 **New Mailing Address: Current Mailing Address:** P.O. BOX 5023 LAKELAND, FL 338075023 FEI Number: 59-2057974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MEEK, RICK RICE, JOHN T PRES 6017 CHARLOMA DRIVE 1242 SCOTTSLAND DRIVE LAKELAND, FL 33813 LAKELAND, FL 33813 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: JOHN RICE 05/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition MEEK, RICK Name: RICE JOHN T Name: 6017 CHARLOMA DR. Address: 1242 SCOTTSLAND DRIVE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: () Change () Addition WASILEWSKI, DONNIE Name: Name: Address: 2750 PIPKIN ROAD W Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: (X) Delete Title: () Change () Addition GLASS, KERBY Name: Name: 6435 LUNN ROAD Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: OSWALD, GREG Name: 3120 BIG VALLEY DRIVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN RICE PRES 05/03/2007

() Change () Addition