

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758581

FILED
Jan 26, 2009
Secretary of State

Entity Name: WEST ORANGE YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business:

WALKER FOOTBALL FEILD
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770994
WINTER GARDEN, FL 34777 US

New Mailing Address:

FEI Number: 59-2143165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEISSEN, LAURA
575 SIMEON RD
WINTER GARDEN, FL 34787 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: HENDERSON, JOSEPH
Address: PORT CASTLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VP () Delete
Name: CONDON, WILLIAM
Address: 15309 HARROWGATE WAY
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VP () Delete
Name: DAVANIA, BURNS
Address: 324 LARGOVISTA DR
City-St-Zip: OAKLAND, FL 34787 US

Title: S () Delete
Name: DUMAS, LORI
Address: 1329 WEST POINTE VILLAS #104
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: T () Delete
Name: MEISSEN, LAURA
Address: P.O. BOX 770994
City-St-Zip: WINTER GARDEN, FL 34777

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP (X) Change () Addition
Name: MEISSEN, LAURA
Address: P.O. BOX 770994
City-St-Zip: WINTER GARDEN, FL 34777

Title: T () Change (X) Addition
Name: BEGELMAN, KURT
Address: PO BOX 770994
City-St-Zip: WINTER GARDEN, FL 34777

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: LAURA MIESSEN

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date