

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763894

FILED
Feb 28, 2005
Secretary of State

Entity Name: WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

U.S. HWY. 41 S
WILLISTON, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 505
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-2237876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUGATE, NORM D ATT
110 NE 5TH STREET
WILLISTON, FL 32696 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: WILSON, III, PAUL C
Address: 18202 NE 40TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: RICH, STEPHANIE L
Address: 610 NW 9TH CT.
City-St-Zip: WILLISTON, FL 32696

Title: T () Delete
Name: MILLS, BARBARA
Address: 2870 NE 167TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: ALVAREZ, GINGER
Address: 19191 SE 3RD STREET
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Delete
Name: MOORE, III, HENRY L
Address: 6391 NE 185TH TERRACE
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Delete
Name: PROVAU, TOMMY
Address: RT 2, BOX 1283
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MILTON, KIM
Address: 425 SE 1ST PLACE
City-St-Zip: WILLISTON, FL 32696

Title: T (X) Change () Addition
Name: MCCOY, CATHY
Address: 21051 NE 68TH LANE
City-St-Zip: WILLISTON, FL 32696

Title: S (X) Change () Addition
Name: MILLS, SUZANNE
Address: 2730 NE 167TH AVE
City-St-Zip: WILLISTON, FL 32696

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 for the exemption stated in Section 119.07(3)(i), 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: CATHY MCCOY

T

02/28/2005

Electronic Signature of Signing Officer or Director

Date