2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90039 010 ****70.00

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1. Entity Name
WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
U.S. HWY. 41 S WILLISTON, FL	P.O. BOX 505 WILLISTON, FL 32696

DO NOT WRITE IN THIS SPACE

03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2237876
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUGATE, NORM D ATT
110 NE 5TH STREET
WILLISTON, FL 32696

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	BREATHOUSE, WADE
STREET ADDRESS	7150 SE 216TH AVE
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	T
NAME	MCCOY, CATHY
STREET ADDRESS	21051 NE 68TH LANE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	S
NAME	LOENICHEN, KIM
STREET ADDRESS	703 SE 2ND ST.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	VP
NAME	CARNEGIE, MARI
STREET ADDRESS	307 NE 11TH AVE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brad Cox 3/10/08 352-528-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #