


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 766928  
 1. Entity Name  
 EAST LAKE YOUTH SPORTS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 PO BOX 1063 PO BOX 1063  
 OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2422989 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KUTCHINS, BRYAN A  
 3974 TAMPA ROAD  
 OLDSMAR, FL 34677

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WESTWOOD, BILL
STREET ADDRESS	36181 EAST LAKE RD
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	SD
NAME	HAND, AMY
STREET ADDRESS	36181 EAST LAKE RD
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	TD
NAME	POSA VEC, ROB
STREET ADDRESS	36181 EAST LAKE RD
CITY- ST- ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	KUTCHINS, BRYAN A
STREET ADDRESS	3974 TAMPA RD., STE A
CITY- ST- ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	WOLF, ROB
STREET ADDRESS	3555 OLD KEYSTONE RD.
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000767730  
 07/10/07-80017-004 61.25

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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: *Bryan A Kutchins Director* 7-3-07 813 855-4657  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #