

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767228

FILED
Jan 20, 2009
Secretary of State

Entity Name: PALM BAY YOUTH SOCCER INCORPORATED

Current Principal Place of Business:

743 COTTBUS AVE.
PALM BAY, FL 32907 US

New Principal Place of Business:

1951 MALABAR RD
PALM BAY, FL 32907 US

Current Mailing Address:

P.O. BOX 111358
PALM BAY, FL 32911 US

New Mailing Address:

FEI Number: 59-2420411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, BARBARA
743 COTTBUS AVE.
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

RITTER, BARBARA
1856 ANDOVER ST.
PALM BAY, FL 32907 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RITTER, BARBARA
Address: 743 COTTBUS AVE.
City-St-Zip: PALM BAY, FL 32907 US

Title: VD () Delete
Name: GRICE, DERALD
Address: 571 WINDSWEPT AVE. SW
City-St-Zip: PALM BAY, FL 32908

Title: SD () Delete
Name: ULP, TAMMY
Address: 312 ONTARIO ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: DEVAULT, KENT
Address: 371 HURST RD NE
City-St-Zip: PALM BAY, FL 32907

Title: TD () Delete
Name: SASSMAN, STEVEN
Address: 208 NEMO CIRCLE NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RITTER, BARBARA
Address: 1856 ANDOVER ST.
City-St-Zip: PALM BAY, FL 32907 US

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:

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: STEVEN M SASSMAN

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date