

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001031

FILED
Mar 02, 2008
Secretary of State

Entity Name: ORMOND BEACH YOUTH FOOTBALL AND CHEERLEADERS ASSOCIATION, INC.

Current Principal Place of Business:

24 ALLENWOOD LOOK
ORMOND BEACH, FL 32174

New Principal Place of Business:

48 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

Current Mailing Address:

24 ALLENWOOD LOOK
ORMOND BEACH, FL 32174

New Mailing Address:

48 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

FEI Number: 59-3626631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOEHM, J. RICHARD
113 EXECUTIVE CIR
DAYTONA BEACH, FL 32120 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: MITCHENER, MICHAEL S
Address: 24 ALLENWOOD LOOK
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: BANKS, JOHN
Address: 155 FAIRWAY DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: MCCLOSKEY, TERESA KAYE
Address: 47 OCEAN SHORE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: PHILLIPS, AARON D
Address: 24 HEATHER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: BOEHM, J. RICHARD
Address: 113 EXECUTIVE CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: LOYD, ALEX P
Address: 7 ROLLINGWOOD TR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCCLOSKEY, MATTHEW
Address: 47 OCEAN SHORE DROVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: S (X) Change () Addition
Name: BATTLES, MARY ALICE
Address: 7 BROOKE STATION DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: T (X) Change () Addition
Name: SMITH, LORI
Address: 48 CHOCTAW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: LORI SMITH

T

03/02/2008

Electronic Signature of Signing Officer or Director

Date