2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N00000001031

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

Current Principal Place of Business:

48 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

48 CHOCTAW TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

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:	MCCLOSKEY, MATTHEW	
Address:	47 OCEAN SHORE DROVE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	S	( ) Delete
Name:	BATTLES, MARY ALICE	
Address:	7 BROOKE STATION DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
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:	T	( ) Delete
Name:	SMITH, LORI	
Address:	48 CHOCTAW TRAIL	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: LORI SMITH T 01/27/2009

Electronic Signature of Signing Officer or Director — Date