2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N00000002204

Entity Name: PLANT CITY DOLPHIN YOUTH FOOTBALL AND CHEERLEADING, INCORPORATED

Current Principal Place of Business:

2602 E CHERRY ST
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 993
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-3642127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, BUDDY
403 EMERALD COVE LOOP
LAKELAND, FL 33813 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: PD ( ) Delete
Name: BENNETT, BUDDY
Address: 403 EMERALD COVE LOOP
City-St-Zip: LAKELAND, FL 33813 US

Title: TD ( ) Delete
Name: VANDESANDE, ELIZABETH
Address: 1706 E CALHOUN ST
City-St-Zip: PLANT CITY, FL 33563 US

Title: VPD ( ) Delete
Name: GUDE, KIM
Address: 6914 DORMANY LOOP
City-St-Zip: PLANT CITY, FL 33565 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: GUDE, KIMBERLY
Address: 4140 RICE ROAD
City-St-Zip: PLANT CITY, FL 33566 US

Title: TD (X) Change ( ) Addition
Name: DIEM, MICHELLE
Address: 2146 BRANCH FORBES ROAD
City-St-Zip: PLANT CITY, FL 33565 US

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: KIMBERLY GUDE VPD 02/03/2009

Electronic Signature of Signing Officer or Director — Date