

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-26-2007 90001 035 \*\*\*\*61.25

**DOCUMENT # N01000000461**

1. Entity Name

**PORT ST. JOHN YOUTH SPORTS ASSOCIATION, INC.**



Principal Place of Business

**6450 GOLFVIEW AVE.  
COCOA FL 32927**

Mailing Address

**P.O. BOX 692  
SHARPES FL 32959**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt # etc

2nd MOORE

CR2E037 (4/07)

City & State

City & State

4. FEI Number

**59-3691826**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COYNE, PATRICK  
6450 GOLFVIEW AVE.  
COCOA FL 32927**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 5, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **COYNE, PATRICK**  
STREET ADDRESS **6450 GOLFVIEW AVE.**  
CITY - ST - ZIP **COCOA FL 32927**

TITLE **D** ☐ Delete  
NAME **RIVERS, GARY**  
STREET ADDRESS **7233 CARLOWE AVE**  
CITY - ST - ZIP **COCOA FL 32927**

TITLE **CC** ☐ Delete  
NAME **BARIS, CINDI**  
STREET ADDRESS **4085 NATURE LANE**  
CITY - ST - ZIP **COCOA FL 32926**

TITLE **D** ☐ Delete  
NAME **TETTING, PETER M**  
STREET ADDRESS **6784 ACRE WOODS CT.**  
CITY - ST - ZIP **COCOA FL 32927**

TITLE **DV** ☐ Delete  
NAME **CISCO, KEN**  
STREET ADDRESS **7383 BUMELIA DR.**  
CITY - ST - ZIP **COCOA FL 32927**

TITLE **S** ☐ Delete  
NAME **MCCORMICK, JAMIE**  
STREET ADDRESS **7230 HARTMAN ST.**  
CITY - ST - ZIP **COCOA FL 32927**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Rochelle Fuller**  
CITY - ST - ZIP **1435 Melrose St.  
Cocoa, Florida 32922**

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:

*Peter M. Tetting*

*6/19/07*