

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90368 011 *****61.25

DOCUMENT # NO1000000461

1. Entity Name

PORT ST. JOHN YOUTH SPORTS ASSOCIATION, INC.



Principal Place of Business

**7000 BELFAST AVE
COCOA FL 32927**

Mailing Address

**7000 BELFAST AVE
COCOA FL 32927**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3691826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TETTING, PETER M
7000 BELFAST AVE
COCOA FL 32927**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	TETTING, PETER M	
STREET ADDRESS	7000 BELFAST AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNETT, RICKEY	
STREET ADDRESS	367 AKON STREET	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	CC	<input type="checkbox"/> Delete
NAME	EDWARDS, MONICA	
STREET ADDRESS	6517 ARTON ST.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, DENIS	
STREET ADDRESS	6854 SWEET BAY CT.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOREN, JEFFREY	
STREET ADDRESS	6924 CARLOWE AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, MARY ANN	
STREET ADDRESS	6854 SWEET BAY CT.	
CITY-ST-ZIP	COCOA FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Paradiso-Hatstat	
STREET ADDRESS	7195 Bevil Ave.	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE HAILE	
STREET ADDRESS	3715 South Ridge Cir.	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	Education Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dori Swift	
STREET ADDRESS	6851 SWEET BAY COURT	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE: [Signature]

1/24/03 (321) 632-7339

CR2E037 (10/02)