

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001608

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** TREASURE COAST FOOTBALL CONFERENCE, INC.

**Current Principal Place of Business:**

3075 SW LUCERNE ST  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1042 S W BENCHOR AVE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 65-1080907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYERLY, DAVID L SR  
1042 SW BENCHOR AVE  
PORT ST LUCIE, FL 349533424 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: BYERLY, GARY  
Address: 3075 SW LUCERNE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Delete  
Name: WARD, DENINE  
Address: 15758 95TH AVE  
City-St-Zip: JUPITER, FL 33478

Title: T ( ) Delete  
Name: BYERLY, DAVID L SR  
Address: 1042 SW BENCHOR AVE  
City-St-Zip: PORT ST LUCIE, FL 349533424

Title: D ( ) Delete  
Name: RIVERS, BETH  
Address: 2982 SW SKYLINE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: SANFRATELLO, RICHARD  
Address: 1638 NE SO HONG RD  
City-St-Zip: JENSEN BEACH, FL 34957

**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:

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: DAVID L BYERLY SR.

T

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date