


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91019 046 \*\*\*\*61.25

DOCUMENT # N01000005200  
 1. Entity Name  
 STUART YOUTH FOOTBALL ASSOCIATION, INC.



Principal Place of Business  
 P.O. BOX, 1609  
 STUART, FL 34995-1609

Mailing Address  
 P.O. BOX 1609  
 STUART, FL 34995-1609



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 65-1123706

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  
 MCHARDY, SAMUEL E JR.  
 829 NASSAU AVENUE  
 STUART, FL 34994

7. Name and Address of New Registered Agent  
 Name: Brian Roberson Natalie Chartley  
 Street Address (P.O. Box Number is Not Acceptable): 750 Whisper Ridge Trail 3786 SE Middle St  
 City: Palm City FL Zip Code: 34990

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: Natalie Chartley DATE: 4/29/04  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, LISA	
STREET ADDRESS	917 E 8TH STREET	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, JOHN	
STREET ADDRESS	1635 SE ARADAO AVENUE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAINS, TIMOTHY L	
STREET ADDRESS	918 E LAKE STREET	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Roberson	
STREET ADDRESS	750 Whisper Ridge Trail	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natalie L. Chartley	
STREET ADDRESS	3786 SE Middle St	
CITY-ST-ZIP	Stuart FL 34997	
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		
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: Natalie L. Chartley Natalie Chartley 772-215-1036  
Signature and typed or printed name of signing officer or director Date Daytime Phone #