

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N01000008513

Entity Name: SOUTH TAMPA STICKS YOUTH LACROSSE LEAGUE, INC.

Current Principal Place of Business:

101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-0008523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IHRIG, WILLIAM KENT
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 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: DS () Delete
Name: IHRIG, WILLIAM KENT
Address: 101 EAST KENNEDY BLVD., SUITE 2800
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: KAMEN, JOHN M
Address: 1105 CULBREATH ISLES DRIVE
City-St-Zip: TAMPA, FL 33629 US

Title: DP () Delete
Name: GERMAN, DAVID
Address: 632 JAMAICA AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: JACOB, JAMES C
Address: 607 W BAY STREET
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: TATE, JEANNE T
Address: 418 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: SHALER, JIM
Address: 4023 WEST SAN LUIS STREET
City-St-Zip: TAMPA, FL 33629 US

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
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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: WILLIAM KENT IHRIG

Electronic Signature of Signing Officer or Director

D/S

01/14/2009

Date