2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008846

FILED Mar 10, 2008 Secretary of State

Entity Name: FLORIDA YOUTH LACROSSE FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
500 NE SPANISH RIVER BLVD.				500 NE SPANISH RIVER BLVD.			
SUITE 12 BOCA RATON, FL 33431				SUITE 14 BOCA RATON, FL 33431			
Current Mailing Address:				New Mailing Address:			
500 NE SPANISH RIVER BLVD. SUITE 12 BOCA RATON, FL 33431				500 NE SPANISH RIVER BLVD. SUITE 14 BOCA RATON, FL 33431			
FEI Number:		nber Not Applicable () Certificate of Status Desired (X)					
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Regist	ered Agent:
CLINTON, DONALD J 500 NE SPANISH RIVER BLVD. SUITE 12 BOCA RATON, FL 33431 US				CLINTON, DONALD J 500 NE SPANISH RIVER BLVD. SUITE 14 BOCA RATON, FL 33431 US			
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:				03/10/2008			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () BARBA, RICHAF 5181 NW 109TH SUNRISE, FL 3	AVE		Title: Name: Address: City-St-Zip:		()Change ()A	Addition
Title: Name: Address: City-St-Zip:	CLINTON, DON	H RIVER BLVD, STE 12		Title: Name: Address: City-St-Zip:	CLINTON, DO	NISH RIVER BLV	
Title: Name: Address: City-St-Zip:	CLINTON, BRIA	H RIVER BLVD #12		Title: Name: Address: City-St-Zip:	CLINTON, BF	NISH RIVER BLV	
Title: Name: Address: City-St-Zip:	S/D () DUNNE, PETER 4340 NW 105TH DAVIE, FL 3332	AVE		Title: Name: Address: City-St-Zip:	,	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	LANDON, JAMÉ	AL HWY, STE 202		Title: Name: Address: City-St-Zip:	,	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	D () LYMBER, GREC 2801 NW 22ND POMPANO BEA	TERRACE		Title: Name: Address: City-St-Zip:	1	()Change ()/	Addition
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: DONALD CLINTON VP/D 03/10/2008