

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008846

FILED
Apr 09, 2009
Secretary of State

Entity Name: FLORIDA YOUTH LACROSSE FOUNDATION, INC.

Current Principal Place of Business:

500 NE SPANISH RIVER BLVD.
SUITE 14
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

500 NE SPANISH RIVER BLVD.
SUITE 14
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 80-0024170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLINTON, DONALD J
500 NE SPANISH RIVER BLVD.
SUITE 14
BOCA RATON, FL 33431 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/D () Delete
Name: BARBA, RICHARD
Address: 5181 NW 109TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: VP/D () Delete
Name: CLINTON, DONALD
Address: 500 NE SPANISH RIVER BLVD, STE 14
City-St-Zip: BOCA RATON, FL 33431

Title: VP/D () Delete
Name: CLINTON, BRIAN R
Address: 500 NE SPANISH RIVER BLVD #14
City-St-Zip: BOCA RATON, FL 33431

Title: S/D () Delete
Name: DUNNE, PETER
Address: 4340 NW 105TH AVE
City-St-Zip: DAVIE, FL 33328

Title: T/D () Delete
Name: LANDON, JAMES
Address: 4401 N. FEDERAL HWY, STE 202
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: LYMBER, GREG
Address: 2801 NW 22ND TERRACE
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: DONALD CLINTON

VP/D

04/09/2009

Electronic Signature of Signing Officer or Director

Date