

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2009
Secretary of State**

DOCUMENT# N02000000410

Entity Name: KEYSTONE YOUTH SOCCER CLUB, INC.

Current Principal Place of Business:

7374 STATE RD. 21 NORTH
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

7374 STATE RD. 21 NORTH
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 02-0592353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, JOHN D ESQ.
303 STATE RD. 26
MELROSE, FL 32666 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: DP () Delete
Name: WATERS, TREVOR
Address: 2380 SE 30 ST.
City-St-Zip: MELROSE, FL 32666

Title: DVP () Delete
Name: PATTERSON, DUANE
Address: 4422 LORI LOOP RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DS () Delete
Name: TORNWALL, SHERRY
Address: 640 NEAL ROAD
City-St-Zip: MELROSE, FL 32666

Title: T () Delete
Name: WATERS, JANIS
Address: 2380 SE 30TH ST.
City-St-Zip: MELROSE, FL 32666

Title: M () Delete
Name: TURNER, JAMIE
Address: 7135 ROLLINS ST.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: M () Delete
Name: TORNWALL, BRAD
Address: 640 NEAL RD
City-St-Zip: MELROSE, FL 32666

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: M (X) Change () Addition
Name: SENECA, KENNY
Address: 185 SW SATSUMA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: TREVOR WATERS

DP

04/12/2009

Electronic Signature of Signing Officer or Director

_____ Date