

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90011 012 \*\*\*\*61.25

**DOCUMENT # N02000001630**

1. Entity Name  
**SUWANNEE VALLEY YOUTH SOCCER, INC.**



Principal Place of Business: **560 S. Ohio Ave**  
~~105 N. Ohio Ave~~  
**LIVE OAK, FL 32064**

Mailing Address:  
**PO BOX 310**  
**LIVE OAK, FL 32064**



04142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0181634**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**PREVATT, JAMES W JR**  
~~105 N. Ohio Ave~~ **560 S. Ohio Ave**  
**LIVE OAK, FL 32064**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEWIS, BRAD  
14544 96TH PL.  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WOOD, JON  
8457 127TH DR.  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PREVATT, JAMES W JR  
8886 141ST LN.  
LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COX, DONNA  
PO BOX 175  
MCALPIN, FL 32062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
O'CONNER, BILL  
6571 CR 136-A  
LIVE OAK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 386-590-0313