

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008918

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** KEYSTONE YOUTH ATHLETIC GROUP, INC.

**Current Principal Place of Business:**

9102 SHADOW POND COURT  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

1311 N. WESTSHORE BLVD  
205  
TAMPA, FL 33607 US

**New Mailing Address:**

**FEI Number:** 65-1164207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEFLOCH, EUGENE M ESQ.  
1311 N. WESTSHORE BLVD  
205  
TAMPA, FL 33607 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: T ( ) Delete  
Name: BLACKBURN, CRAIG  
Address: 9102 SHADOW POND COURT  
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete  
Name: SPYCHALA, MIKE  
Address: 9102 SHADOW POND COURT  
City-St-Zip: ODESSA, FL 33556 US

Title: T ( ) Delete  
Name: TURNER, GAY L  
Address: 19611 LAKE OSCEOLA LANE  
City-St-Zip: ODESSA, FL 33556 US

Title: T ( ) Delete  
Name: TURNER, GAY L  
Address: 19611 LAKE OSCEOLA LANE  
City-St-Zip: ODESSA, FL 33556 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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GAY L TURNER

T

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date