

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02076

FILED
Apr 30, 2006
Secretary of State

Entity Name: LEHIGH ACRES YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1414
LEHIGH ACRES, FL 339701414

New Principal Place of Business:

Current Mailing Address:

PO BOX 1414
LEHIGH ACRES, FL 339701414

New Mailing Address:

FEI Number: 59-2332989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, GAIL
503 SHADYSIDE ST
LEHIGH ACRES, FL 33936 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: VP () Delete
Name: STEWART, ROSA
Address: 404 PENN RD S.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD () Delete
Name: PHELPS, GAIL
Address: 503 SHADYSIDE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P () Delete
Name: PHELPS, JOHN
Address: 503 SHADYSIDE ST.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DD () Delete
Name: STEPHENSON, MELODEE
Address: 508 LAKE AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: GEAR, BRIAN
Address: 508 GLENN AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S () Delete
Name: KOSSOW, JUNE
Address: P O BOX 1044
City-St-Zip: LEHIGH ACRES, FL 33970

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: S (X) Change () Addition
Name: RADCLIFF, ROBERT
Address: 508 LAKE AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL PHELPS

TD

04/30/2006

Electronic Signature of Signing Officer or Director

Date