

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02076

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LEHIGH ACRES YOUTH SOCCER ASSOCIATION, INC.

**Current Principal Place of Business:**

104 ARTHUR AVE.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1414  
LEHIGH ACRES, FL 33970

**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: D  
Name: STEWART, ROSA  
Address: 404 PENN RD S.  
City-St-Zip: LEHIGH ACRES, FL 33936

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

Title: P  
Name: MARQUEZ, JOHNNIE  
Address: 1410 KIMDALE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

SIGNATURE: GAIL PHELPS

TD

04/29/2011

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

\_\_\_\_\_  
Date