

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000851

FILED
Apr 29, 2008
Secretary of State

Entity Name: FYD CARROLLWOOD HURRICANES, INC.

Current Principal Place of Business:

5817 MYRTLE LANE
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5817 MYRTLE LANE
TAMPA, FL 33625

New Mailing Address:

FEI Number: 02-0655930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, MICHELE
5817 MYRTLE LANE
TAMPA, FL 33625 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: FCD () Delete
Name: COX, NICHOLAS
Address: 3010 SAMARA DR
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: BOYD, HIPPENSTIEL
Address: 18144 OAKDALE RD.
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: GRAVES, MICHELE
Address: 5817 MYRTLE LANE
City-St-Zip: TAMPA, FL 33625

Title: PD () Delete
Name: MITCHELL, TERRY
Address: 5715 RIDGESTONE DR
City-St-Zip: TAMPA, FL 33625

Title: RD (X) Delete
Name: DUNN, MELANIE
Address: 15714 ROCKY LEDGE DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERNANDEZ, RAYMOND
Address: 2201 MEADOW BROOK DRIVE
City-St-Zip: LUTZ, FL 33558

Title: VPD (X) Change () Addition
Name: CARLIN, JIM
Address: 15140 SHAW ROAD
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RD (X) Change () Addition
Name: DUNN, MELANIE
Address: 15714 ROCKY LEDGE DRIVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELE GRAVES

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date