

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006684

FILED
Jul 31, 2006
Secretary of State

Entity Name: GREATER LAKE YOUTH ATHLETIC PROGRAM, INC.

Current Principal Place of Business:

PO BOX 259
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

PO BOX 259
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 01-0795732 **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:

Name and Address of New Registered Agent:

LUCE, ANGELA
22932 WILL MURPHY ROAD
UMATILLA, FL 32784 US

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: LUCE, ANGELA
Address: 22932 WILL MURPHY ROAD
City-St-Zip: UMATILLA, FL 32784

Title: P () Delete
Name: LUCE, TODD
Address: 22932 WILL MURPHY ROAD
City-St-Zip: UMATILLA, FL 32784

Title: V () Delete
Name: MILLER, BRIAN
Address: 530 ROSE ST
City-St-Zip: UMATILLA, FL 32784 US

Title: S () Delete
Name: MILLER, WENDI
Address: 530 ROSE ST
City-St-Zip: UMATILLA, FL 32784 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 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: TODD LUCE

P

07/31/2006

Electronic Signature of Signing Officer or Director

Date