

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90120 027 \*\*\*\*61.25

**DOCUMENT # N03000009443**

1. Entity Name  
**WAKULLA YOUTH ATHLETES, INC.**



Principal Place of Business  
**151 COUNCIL MOORE RD.  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**151 COUNCIL MOORE RD.  
CRAWFORDVILLE, FL 32327**

**14015064**



2. Principal Place of Business

3. Mailing Address

01242004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **20-0218511**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZUBER, STACY  
203 TRICE LANE  
CRAWFORDVILLE, FL 32327**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stacy Zuber*

*Stacy Zuber*

*1-29-04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D MILLS, DARLENE**  
STREET ADDRESS **151 COUNCIL MOORE RD.**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete  
NAME **D ZUBER, STACY**  
STREET ADDRESS **203 TRICE LANE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete  
NAME **D LOVETRAN, TERRI**  
STREET ADDRESS **193 GLOVER LANE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete  
NAME **T ANNAND, LEIGH**  
STREET ADDRESS **49 LIVE OAK LANE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete  
NAME **S PERKINS, CAROL**  
STREET ADDRESS **82 CULBREATH LANE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE ☐ Delete  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/04*

Date

*850-926-7151*

Daytime Phone #