

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009443

FILED
Sep 06, 2005
Secretary of State

Entity Name: WAKULLA YOUTH ATHLETES, INC.

Current Principal Place of Business:

151 COUNCIL MOORE RD.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

193 GLOVER LANE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

151 COUNCIL MOORE RD.
CRAWFORDVILLE, FL 32327

New Mailing Address:

193 GLOVER LANE
CRAWFORDVILLE, FL 32327

FEI Number: 20-0218511 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:

ZUBER, STACY
203 TRICE LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LOVESTRAND, TERRI
193 GLOVER LANE
CRAWFORDVILLE, FL 32327 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: TERRI LOVESTRAND

09/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLS, DARLENE
Address: 151 COUNCIL MOORE RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: ZUBER, STACY
Address: 203 TRICE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: LOVESTRAND, TERRI
Address: 193 GLOVER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: ANNAND, LEIGH
Address: 49 LIVE OAK LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Delete
Name: PERKINS, CAROL
Address: 82 CULBREATH LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOVESTRAND, TERRI
Address: 193 GLOVER LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change () Addition
Name: HOLLINGTON, PAM
Address: 271 AARAN STRICKLAND ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: CHASON, ALLISON
Address: 116 CASORA DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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 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 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: TERRI LOVESTRAND

D

09/06/2005

Electronic Signature of Signing Officer or Director

Date