

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 001 ****61.25

DOCUMENT # N04000001960

1. Entity Name

SUNTREE VIERA YOUTH FOOTBALL LEAGUE, INC.



Principal Place of Business

2960 PINE BRANCH DRIVE
MELBOURNE FL 32940
US

Mailing Address

POST OFFICE BOX 410981
MELBOURNE FL 32941--098
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-0785253

Applied For

Not Applicable

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

GREER, JAY
2960 PINE BRANCH DRIVE
MELBOURNE FL 32940

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

Helen Kingston
Treasurer SVYFL

1-29-08

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME GREER, JAY
STREET ADDRESS POST OFFICE BOX 410981
CITY- ST- ZIP MELBOURNE FL 32941

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

TITLE ☐ Delete
NAME VP
NAME KINGSTON, SCOTT
STREET ADDRESS POST OFFICE BOX 410981
CITY- ST- ZIP MELBOURNE FL 32941

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

TITLE ☒ Delete
NAME S
NAME KINGSTON, SCOTT
STREET ADDRESS POST OFFICE BOX 410981
CITY- ST- ZIP MELBOURNE FL 32941

TITLE ☐ Change ☐ Addition
NAME *Secretary*
NAME *Hinda Deotmoo*
STREET ADDRESS *P.O. Box 410981*
CITY- ST- ZIP *Melbourne FL 32941*

TITLE ☐ Delete
NAME T
NAME KINGSTON, HELEN
STREET ADDRESS POST OFFICE BOX 410981
CITY- ST- ZIP MELBOURNE FL 32941

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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 exemptions contained in Section 119, 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:

Helen Kingston 1-29-08

321
773-1455