2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001960

FILED Feb 11, 2009 Secretary of State

Entity Name: SUNTREE VIERA YOUTH FOOTBALL LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

2960 PINE BRANCH DRIVE 10590 S TROPICAL TRAIL MELBOURNE, FL 32940 US MERRITT ISLAND, FL 32952 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 410981 MELBOURNE, FL 32941-098 US

FEI Number: 20-0785253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GREER, JAY
2960 PINE BRANCH DRIVE
MELBOURNE, FL 32940 US
KINGSTON, HELEN
10590 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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: HELEN KINGSTON 02/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 GREER, JAY
 Name:
 KINGSTON, SCOTT

 Address:
 POST OFFICE BOX 410981
 Address:
 POST OFFICE BOX 410981

 City-St-Zip:
 MELBOURNE, FL 32941 US
 City-St-Zip:
 MELBOURNE, FL 32941 US

Title: VP () Delete Title: VP (X) Change () Addition Name: KINGSTON, SCOTT Name: ALLEN, SUSAN

Address: POST OFFICE BOX 410981 Address: POST OFFICE BOX 410981
City-St-Zip: MELBOURNE, FL 32941 US City-St-Zip: MELBOURNE, FL 32941 US

Title: S () Delete Title: S (X) Change () Addition Name: DEWTMOU, LINDA Name: DENTMON, LINDA

Address: P.O. BOX 410981 Address: P.O. BOX 410981

City-St-Zip: MELBOURNE, FL 32941 US City-St-Zip: MELBOURNE, FL 32941 US

Title: T () Delete Title: () Change () Addition

 Name:
 KINGSTON, HELEN
 Name:

 Address:
 POST OFFICE BOX 410981
 Address:

 City-St-Zip:
 MELBOURNE, FL 32941 US
 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: HELEN KINGSTON TREA 02/11/2009