

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002621

FILED
Jul 09, 2007
Secretary of State

Entity Name: CRESTVIEW AREA YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

708 ADAMS DR
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

708 ADAMS DR
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-1127324 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:

VANCE, ROBERT
708 ADAMS DR
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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: P () Delete
Name: VANCE, ROBERT
Address: 708 ADAMS DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: THAMES, BRIAN
Address: 5191 WAR EAGLE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: S () Delete
Name: VANCE, TERRY
Address: 708 ADAMS DR
City-St-Zip: CRESTVIEW, FL 32536

Title: T () Delete
Name: MATHEWS, ROCHELLE
Address: 6054 OLD BETHEL RD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FOWLER, JEFF
Address: 4898 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

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 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: ROBERT E VANCE

PRES

07/09/2007

Electronic Signature of Signing Officer or Director

Date