



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90035 040 ****70.00

DOCUMENT # N04000002621					
1. Entity Name CRESTVIEW AREA YOUTH ASSOCIATION, INC.					
Principal Place of Business 708 ADAMS DR CRESTVIEW, FL 32536			Mailing Address 708 ADAMS DR CRESTVIEW, FL 32536		
2. Principal Place of Business - No P.O. Box # 4777 Meadows Lake		3. Mailing Address 4777 Meadows Lake			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview, FL		City & State Crestview, FL		4. FEI Number 20-1127324	
Zip 32539		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANCE, ROBERT 708 ADAMS DR CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name Joe Ritchie Street Address (P.O. Box Number is Not Acceptable) 4777 Meadows Lake City Crestview FL Zip Code 32539		
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  5-9-08 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, ROBERT 708 ADAMS DR CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joe Ritchie 4777 Meadows Lake Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, JEFF 4898 ANTIOCH ROAD CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kypp Wetmore 109 Oakcrest Drive Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANCE, TERRY 708 ADAMS DR CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Heather Carmical 205 Oriole Place Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEWS, ROCHELLE 6054 OLD BETHEL RD CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Tracy Hamilton 3167 Border Creek Rd. Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.