

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004128

FILED
Apr 19, 2006
Secretary of State

Entity Name: THE BACKYARD YOUTH SPORTS FOUNDATION, INC.

Current Principal Place of Business:

8532 WEEPING WILLOW WAY
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

8532 WEEPING WILLOW WAY
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-1238941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMKIN, RONNIE W
8532 WEEPING WILLOW WAY
ORLANDO, FL 32817 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: CPT () Delete
Name: LAMKIS, RONNIE W
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: VCS () Delete
Name: LAMKIS, D. SERENA W
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: LAMKIS, D. JOHNNY G
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: LAMKIN, RONNIE W
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: VCS (X) Change () Addition
Name: LAMKIN, SERENA W
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change () Addition
Name: LAMKIN, JOHNNY G
Address: 8532 WEEPING WILLOW WAY
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the 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: RONNIE W. LAMKIN

CPT

04/19/2006

Electronic Signature of Signing Officer or Director

Date