
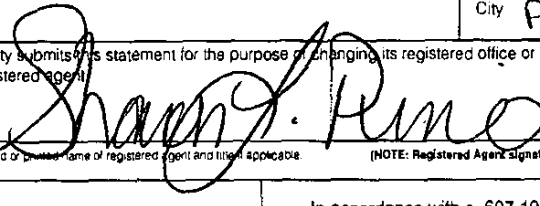
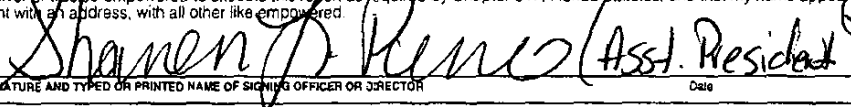


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN -4 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005874					
1. Entity Name NORTH BROWARD YOUTH ATHLETICS, INC.					
Principal Place of Business NO. BROWARD PARK 4400 NE 18 TH AVE POMPANO BCH, FL 33064		Mailing Address 3356 ORINOCO LN MARGATE, FL 33063			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4401 NW 9th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt G			
City & State		City & State Pompano Bch, FL			
Zip	Country	Zip	Country		
33064	USA	33064	USA		
4. FEI Number 20-1255347		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARTER, CHRIS J 3356 ORINOCO LN MARGATE, FL 33063		7. Name and Address of New Registered Agent Name: SHANON L. PIERRE Street Address (P.O. Box Number is Not Acceptable): 4401 NW 9th Ave Apt G City: Pompano Bch FL Zip Code: 33064			
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: 		DATE: 12/22/07			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	(P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CHRIS J		NAME	Burroughs, Josh L	
STREET ADDRESS	3356 ORINOCO LN		STREET ADDRESS	350 NW 10th Street	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	(VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGHS, JOSH L		NAME	Pierre, Robert J.	
STREET ADDRESS	210 N FLAGLER AVE		STREET ADDRESS	4401 NW 9th Ave Apt G	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	Pompano Bch - FL - 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	(S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOATS, ROSA M		NAME	Carter, Nicole	
STREET ADDRESS	240 NE 45TH CT		STREET ADDRESS	656 NW 20th CT	
CITY-ST-ZIP	DEERFIELD, FL 33064		CITY-ST-ZIP	Pompano Bch - FL - 33060	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	(T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JENNIE		NAME	Shoats, Rosa	
STREET ADDRESS	4310 NE 15 TERR		STREET ADDRESS	240 NE 45th CT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	Deerfield Bch - FL - 33064	
TITLE	REP	<input checked="" type="checkbox"/> Delete	TITLE	(AP/AS) (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLON, RICARDO		NAME	Pierre, Shanon	
STREET ADDRESS	785 TIVOLI CIR # 107		STREET ADDRESS	4401 NW 9th Ave Apt G	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	Pompano Bch - FL - 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 		Date: 12/22/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			



01082008 REIN-NP CR2E099 (1/07)

T Lewis 1/8/08