

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008703

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SOUTH WALTON YOUTH FOOTBALL, INC.

## Current Principal Place of Business:

399 MOLL DR.  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1506  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

FEI Number: 80-0120739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALDROP, THOMAS  
1083 BAY GROVE RD  
FREEPORT, FL 32439 US

## Name and Address of New Registered Agent:

ISACKS, FLETCHER B  
270 CANAL STREET  
SANTA ROSA BEACH, FL 32459 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: FLETCHER ISACKS

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALDROP, THOMAS  
Address: 1083 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete  
Name: LOVELL, DAVID  
Address: 40 ANTIGUA LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T ( ) Delete  
Name: FELT, GREG  
Address: 414 DRIFTWOOD POINT RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete  
Name: WALDROP, LISA  
Address: 1083 BAY GROVE ROAD  
City-St-Zip: FREEPORT, FL 32439

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ISACKS, FLETCHER  
Address: 270 CANAL STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP (X) Change ( ) Addition  
Name: WIMBERLEY, RONALD  
Address: PO BOX 1097  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T (X) Change ( ) Addition  
Name: CHILDS, KIMBERLEY  
Address: PO BOX 1506  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change ( ) Addition  
Name: KOTOWSKIE, WENDY  
Address: 1400 DRIFTWOOD PLANK RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: FLETCHER ISACKS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date