2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N04000009997

Entity Name: ST. LUCIE COUNTY YOUTH FOOTBALL ORGANIZATION, INC

Current Principal Place of Business:

1211 AVENUE M
FORT PIERCE, FL 34950

New Principal Place of Business:

1112 AVENUE M
FORT PIERCE, FL 34950

Current Mailing Address:

POST OFFICE BOX 1626
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 74-3146872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOULARD, CHESTER L
3202 ANDERSON DRIVE
FORT PIERCE,, FL 34946 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:	WOULARD, CHESTER L	
Address:	3202 ANDERSON DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	VP	( ) Delete
Name:	FRANKLIN, WALTER	
Address:	4202 MATANZA ST.	
City-St-Zip:	FORT PIERCE, FL 334946	
Title:	BK	( ) Delete
Name:	BARNES, BETTY	
Address:	1711 NORTH 25TH STREET SUITE D	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	VP	( ) Delete
Name:	WILLIAMS, JABARI	
Address:	2010 N. 37 TH. ST	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	CC	( ) Delete
Name:	THOMAS, LISA	
Address:	2006 NW RATCHES HARBOR RD	
City-St-Zip:	PORT ST.LUCIE, FL 34982	
Title:	SECR	( ) Delete
Name:	HUNT, BETTY	
Address:	2330 JUANITA ST.	
City-St-Zip:	FORT PIERCE, FL 34946	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BK	(X) Change ( ) Addition
Name:	WILSON, CLIFTON	
Address:	PSL BOULEVARD	
City-St-Zip:	PORT ST. LUCIE, FL 34980	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: CHESTER L. WOULARD PRES 04/30/2007
Electronic Signature of Signing Officer or Director — Date