

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009997

FILED
Jan 26, 2009
Secretary of State

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:

1311 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 (X)

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: WILSON, CLIFTON
Address: PSL BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34980

Title: VP () Delete
Name: WILLIAMS, JABARI
Address: 2010 N. 37 TH. ST
City-St-Zip: FORT PIERCE, FL 34946

Title: CC () Delete
Name: HALL, TRINA
Address: HARMONY HEIGHT
City-St-Zip: FORT PIERCE, FL 34946

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: WOULARD, KEN
Address: 1311 AVENUE M
City-St-Zip: FT. PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change () Addition
Name: HALL, PATRINA
Address: 1311 AVENUE M
City-St-Zip: FORT PIERCE, FL 34946

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

01/26/2009

Electronic Signature of Signing Officer or Director

Date