

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009997

FILED
Jan 26, 2010
Secretary of State

Entity Name: FT. PIERCE YOUTH FOOTBALL ORGANIZATION, INC.

Current Principal Place of Business:

1311 AVENUE M
FORT PIERCE, FL 34950

New Principal Place of Business:

1211 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
Name: WOULARD, CHESTER LEE
Address: P.O. BOX 1626 DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: V1&2
Name: FRANKLIN / BARNES, WALTER / TONY
Address: 4202 MATANZA ST.
City-St-Zip: FORT PIERCE, FL 334946

Title: BK T
Name: WILSON, CLIFTON
Address: P.O. BOX 1626
City-St-Zip: PORT ST. LUCIE, FL 34980

Title: TREA
Name: WOULARD, KEN
Address: 1211 AVENUE M
City-St-Zip: FT. PIERCE, FL 34950

Title: D&C
Name: HALL / KING, TRINA / IRIS
Address: HARMONY HEIGHT
City-St-Zip: FORT PIERCE, FL 34946

Title: SECR
Name: HALL, DEBORAH
Address: 1211 AVENUE M
City-St-Zip: FORT PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: C. L. WOULARD

PRES

01/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date