

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 05, 2008  
Secretary of State

DOCUMENT# N05000001731

Entity Name: FISHHAWK YOUTH SPORTS ASSOCIATION INC.

**Current Principal Place of Business:**

15028 EAGLERISE DRIVE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

15028 EAGLERISE DRIVE  
LITHIA, FL 33547 US

**New Mailing Address:**

FEI Number: 20-8440127      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: POWERS, SCOTT  
Address: 15028 EAGLERISE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: D      ( ) Delete  
Name: POWERS, SCOTT  
Address: 15028 EAGLERISE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: V      ( ) Delete  
Name: CEREN, MATT  
Address: 15314 VIREOGLLEN LN  
City-St-Zip: LITHIA, FL 33547

Title: D      ( ) Delete  
Name: CEREN, MATT  
Address: 15314 VIREOGLLEN LN  
City-St-Zip: LITHIA, FL 33547

Title: S      ( ) Delete  
Name: STALLINGS, GREG  
Address: 5913 JEAGERGLEN DR  
City-St-Zip: LITHIA, FL 33547

Title: D      ( ) Delete  
Name: STALLINGS, GREG  
Address: 5913 JEAGERGLEN DR  
City-St-Zip: LITHIA, FL 33547

**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:      ( ) 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: SCOTT CONNER POWERS

P

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date