

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
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 ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: 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: JOHN MACE

T

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date