

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005705

FILED
Feb 27, 2007
Secretary of State

Entity Name: EAST VOLUSIA-FLAGLER COUNTY USBC YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

1510 SHADOW PINES DR
NEW SMYMA BCH, FL 32168

New Principal Place of Business:

1510 SHADOW PINES DR
NEW SMYRNA BCH, FL 32168

Current Mailing Address:

1510 SHADOW PINES DR
NEW SMYMA BCH, FL 32168

New Mailing Address:

1510 SHADOW PINES DR
NEW SMYRNA BCH, FL 32168

FEI Number: 90-0241990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROE, GAIL L
1510 SHADOW PINES DR
NEW SMYMA BCH, FL 32168 US

Name and Address of New Registered Agent:

ROE, GAIL L
1510 SHADOW PINES DR
NEW SMYRNA BCH, FL 32168 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:

02/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WETMORE, F. JOYCE
Address: 178 N RIDGEWOOD AVE
City-St-Zip: ORMOND BCH, FL 32174

Title: V () Delete
Name: ROE, TERRY F
Address: 1510 SHADOW PINES DR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: S () Delete
Name: ROBERTS, DON E
Address: 1112 HARMS WAY
City-St-Zip: PORT ORANGE, FL 32168

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: F. JOYCE WETMORE

MRS

02/27/2007

Electronic Signature of Signing Officer or Director

Date