

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006525

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA YOUTH LACROSSE LEAGUE, INC.

Current Principal Place of Business:

11910 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

5346 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919

Current Mailing Address:

11910 ROSEMOUNT DRIVE
FORT MYERS, FL 33913

New Mailing Address:

5346 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919

FEI Number: 20-3073974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REILLY, MICHAEL
11910 ROSEMOUNT DRIVE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

CASSIDY, EDWARD
5346 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919 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: EDWARD CASSIDY

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REILLY, MICHAEL
Address: 11910 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: VD (X) Delete
Name: BISHTON, JOHN
Address: 1642 HILL AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: TD (X) Delete
Name: BARRY, KEVIN
Address: 25085 LUCI DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASSIDY, EDWARD
Address: 5346 CHIPPENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

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: EDWARD CASSIDY

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date