## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jul 10, 2008 8:00 am Secretary of State

07-10-2008 90014 014 \*\*\*\*61.25

## DOCUMENT # N05000008548

FLORIDA YOUTH ATHLETIC ASSOCIATION, INC.



Principal Place of Business C/O S. DAVIS & ASSOCIATES, P.A. 2521 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020

Mailing Address C/O S. DAVIS & ASSOCIATES, P.A. 2521 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020

7082008	Cha-NP	CR2E037 (12	V06)

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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				LOJJI CINI 8091 00111 1		. 41111 114111 1111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07082008	Chg-NP	CR2E037	(12/06)		
City & State C		City & State	City & State		4. FEI Numbe 20-338				plied For	
Zip	Country	Zìp	Count	irv			_ •	8.75 Add	t Applicable	
<del></del>				<b>,</b>	5Certificate	of Status Desired		ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Ag	ent		
S DAVIS & ASSOCIATES PA				Name						
2521 HQLI	LYWOOD BLVD OOD, FL 33020			Street Address	(P.O. Box Number is Not Acceptable)					
			L							
<u>.</u>				City			FL	Zip Code	Э	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered	office or registe	ered agent, or bot	th, in the State of F	Florida. I am fai	miliar with,	and accept	
•										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Bacistarad A	Agent signature require	ad when reinstation)		DATE			
77.		and the mappingation. (MOTE	. registered r		ou when for islandy		DAIE			
) 	Filing Fee Is \$61.25 ue by September 12, 2008	9. Election Can Trust Fund C			\$5.00 May B Added to Fees	,	Make check p orida Departm	-		
10.	• OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CH	ANGES TO OFFIC	ERS AND DIRE	CTORS IN	10	
TITLE	PD PENSON STERVEN	☐ Delete	TITLE	Ď				Change	☐ Addition	
NAME STREET ADDRESS	BENSON, STEPHEN H 4420 NW 15 STREET		NAME	ADDRESS 1	NSON ST	EPHAN	н.			
CITY-ST-ZIP	LAUDERHILL, FL 333135621		CITY-S	T-ZIP LA	LZO NW WAERHIY	L, FL	33313	5621		
TITLE	TD	☐ Defete	TITLE					Change	Addition	
NAME	PEREZ, MARIO		NAME							
STREET ADDRESS	4420 NW 15 STREET			ADDRESS						
CITY-ST-ZIP	LAUDERHILL, FL 333135621		CITY-S		/-					
TITLE NAME	CSD STEARNS, ELLISON L IV	☐ Delete	TITLE NAME	C	Ø		·-	☑ Change	Addition Addition	
STREET ADDRESS	4420 NW 15 STREET			ADDRESS 570	EARNS,	ELLISON	/ L U	_		
CITY-ST-ZIP	LAUDERHILL, FL 333135621		CITY-S	T-ZIP 42	LOERHI	in SFL	3331	3 56	21	
TITLE	D	☐ Delete	TITLE				[	Change	■ Addition	
NAME	HAYES, RONNY		NAME							
STREET ADDRESS	4420 NW 15 STREET			ADDRESS						
CITY-ST-ZIP	LAUDERHILL, FL 333135621		CITY-S							
TITLE NAME	D KINGKADE, CARL	☐ Delete	TITLE NAME		' <u>()</u> 	MADI		Change	☐ Addition	
STREET ADDRESS	4420 NW 15 STREET			ADDRESS 44	SO NO	15 ST	-			
CITY-ST-ZIP	LAUDERHILL, FL 333135621		CITY-S	T-ZIP	<b>UDERHILL</b>	FL 3.	3313 S	5621		
TITLE	D	☐ Delete	TITLE		-/0	•		Change	Addition	
NAME	SALCEDA, MARIO		NAME	MI	IKE SPI	VEY				
STREET ADDRESS	4420 NW 15 STREET   LAUDERHILL FL 333135621		STREET CITY-S	ADORESS 44	20 NW	15 ST	2331	سي ع	Z 2 /	
UIIT-21-ZIP	LLAUUEKHILL EL 333 1330ZT		# UII1-3	THE LA AT	山水苯ガ以川	,	ムコフル	<i>,</i>	$\alpha \alpha i$	

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GREGORY W. MILFORD

7/08 (954)876-2324