2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003157

FILED Apr 24, 2009 Secretary of State

Entity Name: NAPLES BEARS YOUTH SPORTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1191 24TH AVE NE 4765 16TH ST NE NAPLES, FL 34108 NAPLES, FL 34120

Current Mailing Address: New Mailing Address:

PO BOX 111714 13260 IMMOKALEE #6-54 NAPLES, FL 34108 NAPLES, FL 34120

FEI Number: 20-4453993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 SUAREZ, RICHARD
 TEMS, TEONTA

 1191 24TH AVE NE
 4765 16TH ST NE

 NAPLES, FL 34120
 US

 NAPLES, FL 34120
 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: TEONTA TEMS 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SUAREZ, RICHARD Name: CURTO, ANTHONY

 Name:
 SORICE, NOT ARCH

 Name:
 CORTO, ANTI ORT

 Address:
 1191 24TH AVE NE

 City-St-Zip:
 NAPLES, FL 34120

 Address:
 NAPLES, FL 34120

Title: VP () Delete Title: VP (X) Change () Addition Name: CURTO, ANTHONY Name: BIRGE, SCOTT

 Address:
 4140 58TH AVE NE
 Address:
 792 GRAND RAPIDS BLVD

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

Title: SEC () Delete Title: () Change () Addition

 Name:
 CURTO, JANINE
 Name:

 Address:
 4140 58TH AVE NE
 Address:

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:

 $\label{eq:title:Title:TR} \textit{Title:} \qquad \textit{TR} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{TR} \qquad \textit{(X) Change () Addition}$

 Name:
 FIELDS, TEONTA
 Name:
 TEMS, TEONTA

 Address:
 2631 4TH ST NW
 Address:
 4765 16TH ST NE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

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: TEONTA TEMS TR 04/24/2009