## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008173

FILED Aug 05, 2008 Secretary of State

Entity Name: GLADES TRI-CITY YOUTH ATHLETIC LEAGUE INC.

	rincipal Place of Business:	New Principal Place of Business:
291 BANY PAHOKEE	AN AVE E, FL 33476	
Current N	lailing Address:	New Mailing Address:
	FICE BOX 286 E, FL 33476	
In accordan	: 20-4977160 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei I Address of Current Registered Agent:	Number Not Applicable ( ) Certificate of Status Desired ( ) ve the prior notice.  Name and Address of New Registered Agent:
291 BANY	TYRONE A AN AVE E, FL 33476 US	
	named entity submits this statement for the purpose of Florida.	se of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title:	P () Delete	Title: ( ) Change ( ) Addition
Address:	HOLMES, TYRONE A 291 BANYAN AVE PAHOKEE, FL 33476	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	291 BANYAN AVE	Address:
Address: City-St-Zip: Title: Name: Address:	291 BANYAN AVE PAHOKEE, FL 33476  V ( ) Delete SCOTT, JAMES 3044 ELDORADO DRIVE	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	291 BANYAN AVE PAHOKEE, FL 33476  V ( ) Delete SCOTT, JAMES 3044 ELDORADO DRIVE PAHOKEE, FL 33476  S ( ) Delete BAILEY, DAVIDA 130 SW 6TH AVENUE	Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	291 BANYAN AVE PAHOKEE, FL 33476  V () Delete SCOTT, JAMES 3044 ELDORADO DRIVE PAHOKEE, FL 33476  S () Delete BAILEY, DAVIDA 130 SW 6TH AVENUE SOUTH BAY, FL 33493  T () Delete ROBINSON, BETTY 817 NE 29TH STREET	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: D (X) Change ( ) Addition Name: ROBINSON, BETTY Address: 817 NE 29TH STREET

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: TYRONE A. HOLMES PRES 08/05/2008