

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008173

FILED  
Jan 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

291 BANYAN AVE  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 286  
PAHOKEE, FL 33476

**New Mailing Address:**

**FEI Number:** 20-4977160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLMES, TYRONE A  
291 BANYAN AVE  
PAHOKEE, FL 33476 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLMES, TYRONE A  
Address: 291 BANYAN AVE  
City-St-Zip: PAHOKEE, FL 33476

Title: V ( ) Delete  
Name: SCOTT, JAMES  
Address: 3044 ELDORADO DRIVE  
City-St-Zip: PAHOKEE, FL 33476

Title: S ( ) Delete  
Name: BAILEY, DAVIDA  
Address: 130 SW 6TH AVENUE  
City-St-Zip: SOUTH BAY, FL 33493

Title: D ( ) Delete  
Name: ROBINSON, BETTY  
Address: 817 NE 29TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete  
Name: PORTER, BRENDA  
Address: 147 BANYAN AVENUE  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: COLLIER, MICHAEL  
Address: 1140 NE 23RD STREET  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOLMES, SHANSHIRA  
Address: 291 BANYAN AVE  
City-St-Zip: PAHOKEE, FL 33476

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 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

01/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date