

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000567

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** LABELLE YOUTH ATHLETICS, INC.

**Current Principal Place of Business:**

1726 CALOOSA ESTATES LANE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

1726 CALOOSA ESTATES LANE  
LABELLE, FL 33935 US

**New Mailing Address:**

**FEI Number:** 20-8784897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, KEITH  
1726 CALOOSA ESTATES LANE  
LABELLE, FL 33935 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: PD  
Name: BASS, RICKY  
Address: 4002 OAKHAVEN DR  
City-St-Zip: LABELLE, FL 33935

Title: VD  
Name: OWENS, BUBBIE  
Address: 890 BENNETT AVE  
City-St-Zip: LABELLE, FL 33935

Title: SD  
Name: BURNS, BOB  
Address: 1699 PARK LN  
City-St-Zip: LABELLE, FL 33935

Title: TD  
Name: BOY, JOHN B JR  
Address: 410 CALOOSA DR  
City-St-Zip: LABELLE, FL 33975

Title: D  
Name: PASHER, ANTHONY  
Address: 5006 DANIA CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: D  
Name: TAYLOR, TIM  
Address: 515 MORRIS TAYLOR ROAD  
City-St-Zip: FELDA, FL 33930

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN B. BOY JR.

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04/22/2011

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

\_\_\_\_\_  
Date