

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90033 004 \*\*\*\*61.25

<b>DOCUMENT # N07000001466</b> 1. Entity Name <b>FISHHAWK YOUTH FOOTBALL AND CHEERLEADING ASSOCIATION, INC.</b>					
Principal Place of Business 6029 CHURCHSIDE DR. LITHIA, FL 33547 US			Mailing Address 6029 CHURCHSIDE DR. LITHIA, FL 33547 US		
2. Principal Place of Business - No P.O. Box # <b>6002 Shearwater Lane</b>		3. Mailing Address <b>6002 Shearwater Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008 Chg-NP CR2E037 (12/06)	
City & State <b>Lithia, FL</b>		City & State <b>Lithia, FL</b>		4. FEI Number <b>20-8440127</b> Applied For Not Applicable	
Zip <b>33547</b> Country <b>USA</b>		Zip <b>33547</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PETERSON, JOHN D</b> <b>6029 CHURCHSIDE DR.</b> <b>LITHIA, FL 33547</b>				7. Name and Address of New Registered Agent Name <b>Ted Koontz</b> Street Address (P.O. Box Number is Not Acceptable) <b>15230 Kestrelrise Drive</b> City <b>Lithia</b> FL Zip Code <b>33547</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Ted Koontz</b> <b>TEO KOONTZ</b> DATE <b>4/19/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXEY, MIKE 15523 MARTIN MEADOW LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANNES, KATHY 6002 Shearwater Lane Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLF, DON 15406 OSPREY GLEN DRIVE LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESEAU, GREG 5933 FishHawk Crossing Blvd Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC YANNES, KATHY 6002 SHEARWATER LANE LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLLAND, TRACY 6021 Kiteridge Drive Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HEATH, ELIJAH 5904 JAEGERGLEN DRIVE LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KOONTZ, TED 15230 Kestrelrise Drive Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD FISH, TAMARA 16827 HARRIERRIDGE PLACE LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD PETERSON, JOHN D 6029 CHURCHSIDE DR. LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <b>Ted Koontz</b> <b>TEO KOONTZ, TREASURES</b> DATE <b>4/19/08</b> DAYTIME PHONE # <b>813-728-0944</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					