


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90015 019 ****61.25

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| DOCUMENT # N07000001867 | |  |
| 1. Entity Name NORTH EAST FLORIDA YOUTH CLASSIC, INC. | | |

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| Principal Place of Business 55404 TERRELL FARMS RD. CALLAHAN, FL 32011 US | Mailing Address P.O. BOX 417 CALLAHAN, FL 32011 US |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02182008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 20-8480504 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent TERRELL, SHELLEY 55404 TERRELL FARMS RD. CALLAHAN, FL 32011 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. PARKER, DENISE 11596 THORNHILL PLACE BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Parker, Lowery 11596 Thornhill Place Bryceville, FL 32009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. TERRELL, SHELLEY 55404 TERRELL FARMS RD CALLAHAN, FL 32011 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Johnston, Gary 45088 Musselwhite Rd. Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR. JOHNSTON, PEGGY 45088 MUSSELWHITE RD CALLAHAN, FL 32011 <input 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 | DIR. RIVERS, DAVID 10728 CLET HARVEY RD. GLEN ST. MARY, FL 32040 <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 | <input 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 | <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 Shelley Terrell Shelley Terrell 2-18-08 904-838-8134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #