2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004717

FILED Mar 31, 2009 Secretary of State

Entity Name: GOLDEN GATE GATORS YOUTH SPORTS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ND RAPIDS BLVD. FL 34120			
Current M	failing Address:	New Mailing Address	s:	
	ND RAPIDS BLVD. FL 34120			
FEI Number	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
DORIA, M	ARIO			
	ND RAPIDS BLVD. FL 34120 US			
NAPLES, The above	ND RAPIDS BLVD.	e purpose of changing its registered	d office or registered agent, or both,	
NAPLES, The above	ND RAPIDS BLVD. FL 34120 US e named entity submits this statement for the e of Florida. RE:			
NAPLES, The above in the Stat	ND RAPIDS BLVD. FL 34120 US e named entity submits this statement for the of Florida.		d office or registered agent, or both, Date	
NAPLES, The above in the Stat SIGNATU	ND RAPIDS BLVD. FL 34120 US e named entity submits this statement for the e of Florida. RE:	Agent		
NAPLES, The above in the State SIGNATU OFFICER Title: Name: Address:	ND RAPIDS BLVD. FL 34120 US e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered A	Agent	Date	
NAPLES, The above in the Stat SIGNATU	ND RAPIDS BLVD. FL 34120 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete DORIA, MARIO 889 GRAND RAPIDS BLVD.	Agent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: MARIO DORIA D 03/31/2009