

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007468

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PORT SALERNO YOUTH LEAGUE INC.

## Current Principal Place of Business:

5754 SE MERCEDES AVE  
STUART, FL 34997 US

## New Principal Place of Business:

## Current Mailing Address:

5754 SE MERCEDES AVE  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PATTERSON, JERRY  
5754 SE MERCEDES AVE  
STUART, FL 34997 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: PATTERSON, JERRY D  
Address: 5754 SE MERCEDES AVE  
City-St-Zip: STUART, FL 34997 US

Title: VP ( ) Delete  
Name: RILEY, JASON W  
Address: 5490 SE NORMANDY AVE  
City-St-Zip: STUART, FL 34997 US

Title: SEC. ( ) Delete  
Name: SIMMONS, KIMBERLY D  
Address: 5687 SE GRAHAM DR.  
City-St-Zip: STUART, FL 34997 US

Title: COMM ( ) Delete  
Name: MCCLAIN, JONATHAN A 3RD  
Address: 8575 SE LYONS ST.  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: TRES ( ) Delete  
Name: MCCLAIN, DELLA R  
Address: 8575 SE LYONS ST.  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MEM ( ) Delete  
Name: SPEAKS, LOTUS  
Address: 7678 SE KINGSWAY ST.  
City-St-Zip: HOBE SOUND, FL 33455 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KIMBERLY SIMMONS

SEC

04/30/2008

Electronic Signature of Signing Officer or Director

Date