2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N07000009535

Entity Name: DAVIE YOUTH LACROSSE FOUNDATION, INC.

Current Principal Place of Business:

4350 SW 105 AVENUE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4350 SW 105 AVENUE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 26-1155806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERMAN, MARC A ESQ.
2423 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 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 ( ) Delete
Name: DUNNE, PETER J
Address: 4350 SW 105 AVENUE
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete
Name: BAMFORTH, SHAUN
Address: 1237 NW 7TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD ( ) Delete
Name: DUNNE, CARMEN
Address: 4350 SW 105 AVE.
City-St-Zip: DAVIE, FL 33328

Title: SD ( ) Delete
Name: HOCK, CHRIS
Address: 3351 OVERLOOK ROAD
City-St-Zip: DAVIE, FL 33328

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:

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: PETER J DUNNE PD 05/19/2009

Electronic Signature of Signing Officer or Director — Date