
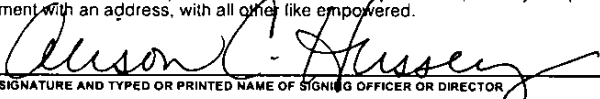


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 039 \*\*\*\*\*61.25

DOCUMENT # N07000010260					
<b>1. Entity Name</b> LEE COUNTY SHERIFF'S YOUTH ACTIVITIES LEAGUE, INC.					
<b>Principal Place of Business</b> 14750 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912			<b>Mailing Address</b> <del>14750 SIX MILE CYPRESS PKWY</del> <del>FT. MYERS, FL 33912</del> 13300-56 S. Cleveland Ave. Fort Myers, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-1557408 <span style="float: right;">Applied For Not Applicable</span>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUSSEY, ALISON C 4635 SOUTH DEL PRADO BLVD. CAPE CORAL, FL 33910			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LULLEIN, MAGANI		NAME		
STREET ADDRESS	1950 COURTNEY DR., SUITE 203		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 339019028		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PONTIUS, STEVEN H		NAME		
STREET ADDRESS	3719 CENTRAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGLICKIS, RICHARD A		NAME		
STREET ADDRESS	P. O. BOX 111		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRAH, JACKIE III		NAME	Alison C. Hussey	
STREET ADDRESS	3341 N. KEY DR.		STREET ADDRESS	4635 S. Del Prado Blvd.	
CITY-ST-ZIP	N. FT. MYERS, FL 33903		CITY-ST-ZIP	Cape Coral, Florida 33910	
TITLE	D <input type="checkbox"/> Delete		TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPGOOD, NEIL		NAME		
STREET ADDRESS	2000 ESTERO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH, FL 33908		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARAZZI, JOE JR.		NAME	Jan Klein	
STREET ADDRESS	2555 COLONIAL BLVD.		STREET ADDRESS	9710 Galley Ct.	
CITY-ST-ZIP	FT. MYERS, FL 33907		CITY-ST-ZIP	Fort Myers, FL 33919	
<b>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.</b>					
<b>SIGNATURE:</b> 			8-7-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		