

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010260

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** LEE COUNTY SHERIFF'S YOUTH ACTIVITIES LEAGUE, INC.

**Current Principal Place of Business:**

14750 SIX MILE CYPRESS PKWY  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

13300-56 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 26-1557408      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUSSEY, ALISON C  
4635 SOUTH DEL PRADO BLVD.  
CAPE CORAL, FL 33910 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: D ( ) Delete  
Name: PONTIUS, STEVEN H  
Address: 3719 CENTRAL AVE.  
City-St-Zip: FT. MYERS, FL 33901

Title: P ( ) Delete  
Name: ANGLICKIS, RICHARD A  
Address: P. O. BOX 111  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S ( ) Delete  
Name: HUSSEY, ALISON C  
Address: 4635 S. DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33910

Title: T ( ) Delete  
Name: HOPGOOD, NEIL  
Address: 2000 ESTERO BLVD.  
City-St-Zip: FT. MYERS BCH, FL 33908

Title: VP (X) Delete  
Name: KLEIN, JAN  
Address: 9710 GALLEY CT  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ROMANO, KATIE  
Address: P.O. BOX 7004  
City-St-Zip: FT. MYERS, FL 33911

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: NEIL B. HOPGOOD

S

04/03/2009

Electronic Signature of Signing Officer or Director

Date