# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 04, 2008 8:00 am**
**Secretary of State**
02-04-2008 90038 019 ****70.00

DOCUMENT # N07000010521

1. Entity Name

GLADES YOUTH ATHLETICS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1110 NE 2ND STREET<br>BELLE GRADE FL 33430 | 1110 NE 2ND STREET<br>BELLE GRADE FL 33430 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 26-1719679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LOHMANN, JERRY<br>1110 NE 2ND STREET<br>BELLE GRADE FL 33430 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when mailing) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>UNDERWOOD, LARRY<br>1288 STILLWELL RD<br>BELLE GLADE FL 33430 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HART II, FRED<br>1096 STILLWELL RD<br>BELLE GLADE FL 33430 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MILLS, LISA<br>1648 SE AVE K PLACE<br>BELLE GLADE FL 33430 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LOHMAN, JERRY<br>1110 NE 2ND STREET<br>BELLE GRADE FL 33430 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | LOHMANN, JERRY | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OFF<br>ALLEN, DAN<br>413 NE 3RD ST<br>BELLE GLADE FL 33430 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** JERRY LOHMANN 1-29-08 561-996-7313