2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N07000010521

Entity Name: GLADES YOUTH ATHLETICS, INC.

Current Principal Place of Business:

1110 NE 2ND STREET
BELLE GRADE, FL 33430

New Principal Place of Business:

1110 NE 2ND STREET
BELLE GLADE, FL 33430

Current Mailing Address:

1110 NE 2ND STREET
BELLE GRADE, FL 33430

New Mailing Address:

1110 NE 2ND STREET
BELLE GLADE, FL 33430

FEI Number: 26-1719679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOHMANN, JERRY
1110 NE 2ND STREET
BELLE GRADE, FL 33430 US

Name and Address of New Registered Agent:

LOHMANN, JERRY R RA
1110 NE 2ND STREET
BELLE GLADE, FL 33430 US

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: JERRY R. LOHMANN 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: UNDERWOOD, LARRY
Address: 1288 STILLWELL RD
City-St-Zip: BELLE GLADE, FL 33430

Title: VD ( ) Delete
Name: HART II, FRED
Address: 1096 STILLWELL RD
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete
Name: MILLS, LISA
Address: 1648 SE AVE K PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete
Name: LOHMANN, JERRY
Address: 1110 NE 2ND STREET
City-St-Zip: BELLE GRADE, FL 33430

Title: D ( ) Delete
Name: ALLEN, DAN
Address: 413 NE 3RD ST
City-St-Zip: BELLE GLADE, FL 33430

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: T (X) Change ( ) Addition
Name: LOHMANN, JERRY R
Address: 1110 NE 2ND STREET
City-St-Zip: BELLE GLADE, FL 33430

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: JERRY LOHMANN T 01/08/2009
Electronic Signature of Signing Officer or Director Date