

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001241

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL YOUTH SPORTS FOUNDATION, INC.

**Current Principal Place of Business:**

6109 COGNAC CIRCLE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

6109 COGNAC CIRCLE  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 26-1899210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEBENEDET, LYNDA  
6109 COGNAC CIRCLE  
LUTZ, FL 33558 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: SULLYVAN, MARY  
Address: 5271 KERNWOOD CT  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: ROMANO, SUE  
Address: 1614 SHADY OAKS DR  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: LYCAN, NANCY  
Address: 5109 WEST LEMON DR  
City-St-Zip: TAMPA, FL 33609

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

Title: D (X) Change ( ) Addition  
Name: HODSON, KEVIN  
Address: 6109 COGNAC CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: BOONE, DELAUNA  
Address: 19228 LK ALLEN RD  
City-St-Zip: LUTZ, FL 33558

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: LYNDA DEBENEDET

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date