

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001705

FILED
Apr 16, 2009
Secretary of State

Entity Name: DELTONA CHARGERS YOUTH TACKLE FOOTBALL AND CHEERLEADING ASSOCIATION, INC.

Current Principal Place of Business:

3565 TABB DRIVE
DELTONA, FL 32738

New Principal Place of Business:

629 SAGAMORE DRIVE
DELTONA, FL 32738

Current Mailing Address:

3565 TABB DRIVE
DELTONA, FL 32738

New Mailing Address:

PO BOX 391641
DELTONA, FL 32739

FEI Number: 51-0640496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VICENTE, TARA
3565 TABB DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

KNIGHT, STEVIE M SR
629 SAGAMORE DRIVE
DELTONA, FL 32738 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: STEVIE M. KNIGHT, SR.

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICENTE, TARA
Address: 3565 TABB DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: KNIGHT, STEVIE
Address: 629 SAGAMORE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: FOURNIER, NICOLE
Address: 392 MAGNOLIA SPRINGS COURT
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: LOUDERMILK, HEATHER R
Address: 321 COLLINS ROAD
City-St-Zip: OSTEEN, FL 32764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNIGHT, STEVIE M SR
Address: 629 SAGAMORE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VP (X) Change () Addition
Name: SUAREZ, CARLOS
Address: 2303 MONTANO STREET
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOUDERMILK, HEATHER R
Address: 2844 LAFOY COURT
City-St-Zip: DELTONA, FL 32738

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: HEATHER R. LOUDERMILK

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date