## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000000852

FILED May 03, 2010 Secretary of State

Entity Name: WAHNETA YOUTH SPORTS, INC.

Current Principal Place of Business: New Principal Place of Business:

118 1/2 RIFLE RANGE ROAD
WINTER HAVEN, FL 33880

116 NORTH RIFLE RANGE ROAD
WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

118 1/2 RIFLE RANGE ROAD UNTER HAVEN, FL 33880 116 NORTH RIFLE RANGE ROAD WINTER HAVEN, FL 33880

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RODRIGUEZ, YOLANDA

118 1/2 RIFLE RANGE ROAD

WINTER HAVEN, FL 33880 US

JONES, TAMMY

116 NORTH RIFLE RANGE ROAD

WINTER HAVEN, FL 33880 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: TAMMY JONES 05/03/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

Name: CASTILLEJA, ROGER

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

Title: DV

Name: MITCHELL, PRESTON

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

Title: DS

Name: RODRIGUZ, TERESA

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

Title: DT

Name: GRANO, CLAIRE

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

Title: PA

Name: JONES, TAMMY

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

Title: EM

Name: DEHART, BEN

Address: 116 NORTH RIFLE RANGE ROAD City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: TAMMY JONES PA 05/03/2010