2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 04, 2007 8:00 am Secretary of State

S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Secret Address (P.O. Box Number is Not Acceptable) 8. Name and Address of New Registered Agent 9. Secret Address (P.O. Box Number is Not Acceptable) 8. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 9. Secret Address (P.O. Box Number is Not Acceptable) 8. Name and Address of New Registered Agent 1. Name and Address of New R	DOCUMENT # N09229 1. Entity Name EAGLE YOUTH SPORTS, INC.				09-04-2007 90039 040 ****70.00				
Sulte, Apl. #, etc. City & State City & St	4200 DIKE ROAD		P.O. BOX 620627	I					
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08172007 Chg-NP CR2E037 (12/06)				
8. Name and Address of Current Registered Agent 7. Name and Address of Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above named entity subgists thy Adalems of Policy Registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages of Changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered pages. 10.	City & State		City & State		4. FEI Number Applied For 59-2552000 Not Applicable				
Name	Zip	Country	Zip	Country					
SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE Change Additional Changes Additional Change		6. Name and Address of Curren	t Registered Agent						
8. The above named entity subjects the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered depends of registe	406 GREYFORD LANE				Joseph Arrington				
8. The above named entity subjects the datalement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent appears agreed office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent appears agreed office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of S			0	City					
SIGNATURE Signature printed care to injust end apport apport and file in apportance Apport approxime required when reciveration(s) DATE	A A			City \	Winter Park FL 2020 792				
### Delde ###################################	SIGNATURE 8/21/07								
TITLE	UFIling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be A Section Campaign Financing \$5.00 May Be A Section Campaign Financing \$5.00 May Be A Section Campaign Financing \$5.00 May Be \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25 \$61.25								
HELMADOLLAR, MARSHA STREET ADDRESS P.O. BOX 620627 OVIEDO, FL 32762 OVIEDO, FL	10.		IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32762 ITILE NAME NULTY, BRIAN P.O. BOX 620627 OVIEDO, FL 32762 ITILE NAME STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32762 ITILE NAME ABNEY, TY P.O. BOX 620627 OVIEDO, FL 32762 ITILE NAME STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32762 ITILE NAME STREET ADDRESS	NAME STREET ADDRESS	HELMADOLLAR, MARSHA P.O. BOX 620627	☐ Delete	NAME STREET ADDRESS					
Title NULTY, BRIAN NULTY, BRIAN NULTY, BRIAN STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32762 CITY-ST-ZIP	NAME STREET ADDRESS	WRIGHT, NICOLE P.O. BOX 620627	☑ Delete	NAME STREET ADDRESS	ARRINGTON, DIANE				
NAME JOHNSON, TERRY L STREET ADDRESS P.O. BOX 620627 CITY-ST-ZIP OVIEDO, FL 32762 TITLE NAME ABNEY, TY STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32762 TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	NULTY, BRIAN P.O. BOX 620627	GZ Delete	name Street address	☐ Change. ☐ Addition				
TITLE VP Delete TITLE NAME ABNEY, TY STREET ADDRESS P.O. BOX 620627 CITY-ST-ZIP OVIEDO, FL 32762 TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	JOHNSON, TERRY L P.O. BOX 620627	≥ Delete	NAME Street address	ARRINGTON, JOSEPH				
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	ABNEY, TY P.O. BOX 620627	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAME Street address					

Thereby certify that the information supplied with this limit does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR (SECTETY 2)	a Day	time Phone #	
SIGNATURE: Deane Arrington Siane Arrington	8/21/07	407-438-14	∞