

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18275

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: BAY COUNTY YOUTH SOCCER ASSOCIATION, INC.

## Current Principal Place of Business:

C/O THOMAS F. TONN  
P O BOX 10302  
PANAMA CITY, FL 32404 US

## New Principal Place of Business:

C/O THOMAS F. TONN  
1572 DONNA AVE  
CALLAWAY, FL 32404 US

## Current Mailing Address:

C/O THOMAS F. TONN  
P O BOX 10302  
PANAMA CITY, FL 32404 US

## New Mailing Address:

FEI Number: 59-2808552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAILLOU, RICHARD  
2508 MINNESOTA AVE., APT. L-246  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

CHAILLOU, RICHARD  
712 E PINE FOREST DR  
LYNN HAVEN, FL 32444 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: \_\_\_\_\_

02/08/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: TONN, THOMAS F  
Address: 1572 DONNA AVE  
City-St-Zip: CALLAWAY, FL 32404

Title: RD ( ) Delete  
Name: TONN, LISA  
Address: 1572 DONNA AVE  
City-St-Zip: CALLAWAY, FL 32404

Title: P ( ) Delete  
Name: CHAILLOU, RICHARD  
Address: 2508 MINNESOTA AVE, APT. L-246  
City-St-Zip: LYNN HAVEN, FL 32444

Title: UD ( ) Delete  
Name: FRAZIER, FRED III  
Address: 7227 S LAKE JOANNA DR  
City-St-Zip: PANAMA CITY, FL 32404

Title: MD ( ) Delete  
Name: EHRHARDT, MARY  
Address: 2927 E 14TH ST  
City-St-Zip: PANAMA CITY, FL 32404

Title: CD ( ) Delete  
Name: THIBODAUX, RUTH  
Address: 206 N MACARTHUR AVE  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition  
Name: CHAILLOU, RICHARD  
Address: 712 E PINE FOREST DR  
City-St-Zip: LYNN HAVEN, FL 32444

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS F. TONN

TD

02/08/2007

Electronic Signature of Signing Officer or Director

Date