## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 24, 2008 8:00 am Secretary of State 01-24-2008 90039 035 \*\*\*\*61.25

DOCUMENT # N22160  1. Entity Name ST. CLOUD YOUTH FOOTBALL, INC.					01-24-2008 90039 035 ****61.25			
Principal Place of Business 2355 HICKORY TREE RD. ST CLOUD, FL 34772 US		Mailing Address P.O. BOX 702028 ST. CLOUD, FL 34770 US			4000222		4 <b>313    917    1111    618   </b>	110ff B10ff101 &l f001
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008	Chg-NP	CR2E037 (12	/06)
City & State		City & State			4. FEI Numbe 59-2870			Applied For Not Applicable
Zip	. Country	Zip	Count	гу	5. Certificate	of Status Desired -		5 Additional equired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	tegistered Agent	
QUINAMED C	CHANCY			Name Chancy Slummers				
SUMMERS, CHANCY 4150 OAKWOOD DRIVE SAINT CLOUD, FL 34772				Street Address (P.O. Box Number is Not Acceptable)				
SAINT CE		3547		Sanct	uary	DR.		
, j				city St. Cloud			FL Z	50769
8. 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. I am familiar with, and acceptable the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								r with, and accept
	Trust Fund Con	9. Election Campaign Financing Trust Fund Contribution.			Flor		of State	
10.	OFFICERS AND DIE		11.		ADDITIONS/CHA	NGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERS, CHÂNCY L 4150 OAKWOOD DRIVE SAINT CLOUD, FL 3À772	☐ Delete	NAME STREET CITY-SI	ADDRESS 354	imers, C 7 Sanct 2100d, Pl	hancy L uary DR 34769	.• -	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANFORD, CRYSTI 3220 PACKARD AVENUE SAINT CLOUD, FL 34772	Delete	TITLE NAME STREET CITY-ST	TD ENC	licott C	hristing rlin Trai Fl. 347		hange 👿 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEINMETZ, RICHARD 313 COLUMBIA AVE SAINT CLOUD, FL 34769	<b>∑A</b> Delete	TITLE NAME STREET CITY-ST	ADDRESS 610.	es, Tam	field u	oy 00	hange 💢 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERLEY, VICKI 2340 ELDORADO CT. SAINT CLOUD, FL 34772	<b>™</b> Delete	TITLE NAME STREET CITY-ST	ADDRESS SD	ler, Sta		C	hange 💢 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET GITY-ST	ADDRESS			_ C	hange 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	Delete	CITY-S1		in Charter 150	Elevido Chabana	CI	

indicated on this report or supplied with this filling does not quality 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: