

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22160

FILED
Feb 17, 2011
Secretary of State

Entity Name: ST. CLOUD YOUTH FOOTBALL, INC.

Current Principal Place of Business:

2355 OLD HICKORY TREE RD.
ST CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702028
ST. CLOUD, FL 34770 US

New Mailing Address:

FEI Number: 59-2870285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, CHANCY
3966 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SUMMERS, CHANCY L
Address: PO BOX 702028
City-St-Zip: SAINT CLOUD, FL 34770

Title: TD
Name: ENDICOTT, CHRISTINE
Address: 971 CHAMBERLIN TRL
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP
Name: KING, JASON
Address: PO BOX 702028
City-St-Zip: SAINT CLOUD, FL 34770

Title: SD
Name: COCKCROFT, JENNIFER
Address: PO BOX 702028
City-St-Zip: SAINT CLOUD, FL 34770

Title: FC
Name: DUNN, BRET
Address: PO BOX 702028
City-St-Zip: ST. CLOUD, FL 34770

Title: CC
Name: WILLETT, TANYA
Address: PO BOX 702028
City-St-Zip: ST. CLOUD, FL 34770

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: CHANCY L. SUMMERS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date