

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23480

FILED
May 12, 2009
Secretary of State

Entity Name: LAKE LYTAL LASSIE LEAGUE, INC.

Current Principal Place of Business:

3645 GUN CLUB RD.
WEST PALM BEACH, FL 33416 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17362
WEST PALM BCH, FL 334167362 US

New Mailing Address:

FEI Number: 65-0125253 FEI Number Applied For () 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:

KNOWLES, STEPHEN C
1406 BETA CT
WEST PALM BEACH, FL 33406 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 () Delete
Name: KNOWLES, CRAIG
Address: 1406 BETA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD () Delete
Name: MARTIN, TIMOTHY
Address: 5324 PLAINS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: MARTIN, LISA
Address: 5324 PLAINS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD () Delete
Name: DUNN, CHARLES
Address: 7695 OLYMPIA DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete
Name: ALLEN, KATHLEEN
Address: 5073 NORTHERN LIGHTS DR.
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: ELKINS, JEFF
Address: 437 SAN FERNANDO DR.
City-St-Zip: PALM SPRINGS, FL 33461

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN C KNOWLES

PRES

05/12/2009

Electronic Signature of Signing Officer or Director

Date