


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 029 ****69.00

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|--|--|---|--|---|--|
| DOCUMENT # N29150 1. Entity Name L.L.Y.A., INC. | | | |  | |
| Principal Place of Business 6527 MERRILL RD. JACKSONVILLE, FL 32277 US | | | Mailing Address P O BOX 15096 JACKSONVILLE, FL 32239 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2941733 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, KARL D 4910 BLOUNT VISTA CT JACKSONVILLE, FL 32225 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARRIS, KARL D 4910 BLOUNT VISTA CT JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/V Washington, Tawanda 14352 Fish Eagle Dr East Jacksonville, FL 32226 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WASHINGTON, TAWANDA 14352 FISH EAGLE DR EAST JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JONES, SHEPRAL 8401 LOSTARA AVE JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSON, KEITH 3256 FRUITWOOD LN JACKSONVILLE, FL 32277 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Douglas, Nicole 5885 Edenfield Rd Apt. D2 Jacksonville, FL 32277 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Fisher, Scott 6572 Blackwood Dr Jacksonville, FL 32277 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing 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: <i>Tawanda Washington</i> 3/12/07 (904) 714 4411 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

ATTACHMENT
40035346

N29150

LLYA YOUTH ASSOC

2006-2007

BOARD MEMBERS

| | | |
|--|---------------------------|-----------------|
| PRESIDENT | TAWANDA WASHINGTON | 458-6378 |
| ATHLETIC DIRECTOR | | |
| SECRETARY | HEATHER Mc WHITE | 744-8927 |
| TREASURER | SHEPRAL JONES | 993-1742 |
| MAINTENANCE DIRECTOR | | |
| MAINTENANCE ASSISTANT | JEWEL Mc WHITE | 703-6674 |
| CONCESSION ADMINISTRATOR | NICOLE DOUGLAS | 703-4883 |
| CONCESSION ASSIST. | ELIZABETH EMINISOR | 226-1515 |
| CONCESSION DIRECTOR | HEATHER MOON | 864-0797 |
| PUBLIC RELATIONS DIRECTOR | SCOTT FISHER | 635-8219 |
| EQUIPMENT/UNIFORM DIRECTOR | MARCUS WASHINGTON | 424-1461 |
| T-BALL DIRECTOR | SHELDON ROBERSON | 234-8895 |
| INSTRUCTIONAL (Rookie) DIRECTOR | JOHN MOON | 424-1989 |
| MINOR LEAGUE & TADPOLE DIRECTOR | CHRIS THORNTON | 563-7218 |
| MAJOR LEAGUE DIRECTOR | ANGIE BROWN | 379-5293 |
| SOFTBALL DIRECTOR | CINDY ROBERSON | 803-6982 |
| TRAVEL TEAM DIR. | TERRANCE FREEMAN | 744-2605 |