

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29150

Entity Name: L.L.Y.A., INC.

FILED
Feb 15, 2009
Secretary of State

Current Principal Place of Business:

6527 MERRILL RD.
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15096
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-2941733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, KEN
7123 OAKNEY RD
JACKSONVILLE, FL 32211 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: P () Delete
Name: THORNTON, CHRIS
Address: 10850 JAVA DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: HARRIS, KEN
Address: 7123 OAKNEY RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: LANNING, ADDIE
Address: 2047 RYAR RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: FORD, BRANDI
Address: 7837 ALHURST ST
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: MOON, HEATHER
Address: 5029 CAPE ROMAIN CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: FISHER, SCOTT
Address: 6572 BLACKWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277

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: D (X) Change () Addition
Name: MATTOX, LISA
Address: 7817 DALEHURST DRIVE, SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: D (X) Change () Addition
Name: KUNZ, TRACY
Address: 1406 MAGNOLIA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32211

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: KEN HARRIS

VP

02/15/2009

Electronic Signature of Signing Officer or Director

Date