

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31847

FILED
Apr 29, 2009
Secretary of State

Entity Name: SEBRING YOUTH FOOTBALL, INC.

Current Principal Place of Business:

1720 ELF DR
SEBRING, FL 33875 US

New Principal Place of Business:

Current Mailing Address:

1720 ELF DR
SEBRING, FL 33875 US

New Mailing Address:

FEI Number: 52-1656287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALCORDO, AMANDA M
1720 ELF DR
SEBRING, FL 33875 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: DP () Delete
Name: JONES, JAMES D
Address: 259 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: ALCORDO, AMANDA M
Address: 1720 ELF DR
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: BRYAN, MARK
Address: 12001 ARBUCKLE CREEK RD.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, JAMES D
Address: 6116 EDGEWATER TER
City-St-Zip: SEBRING, FL 33876

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

Title: VD (X) Change () Addition
Name: DUNCAN, ROBERT
Address: 1707 DIVOT LANE
City-St-Zip: SEBRING, FL 33870

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: AMANDA ALCORDO

T

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date