2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31848

FILED Apr 25, 2008 Secretary of State

Entity Name: LAKE PLACID YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

147 OB ROAD 16500 S. JEFFERSON AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

PO BOX 1736 16500 S. JEFFERSON AVE. LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

FEI Number: 59-2946601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNTON, DAVID MILLION, JON 1242 PLACID DR. 117 MCCOY DRIVE

LAKE PLACID, FL 33852 US LAKE PLACID, FL 33852 US

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: JON MILLION 04/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: P (X) Change () Addition

 Name:
 SHOLTZ, BEN
 Name:
 JOLLY, DONALD

 Address:
 708 MAGNOLIA ST
 Address:
 210 RICHFIELD DRIVE

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:
 LAKE PLACID, FL 33852

 Name:
 SAPP, STEPHANIE L
 Name:
 GRIFFIN, SHERI D

 Address:
 147 OB RD.
 Address:
 16500 S JEFFERSON AVE

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:
 LAKE PLACID, FL 33852

Title: D () Delete Title: () Change () Addition

 Name:
 MILLION, JON
 Name:

 Address:
 117 MCCOY DR
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 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: SHERI D GRIFFIN T 04/25/2008