2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N31848

Entity Name: LAKE PLACID YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

16500 S. JEFFERSON AVE
LAKE PLACID, FL 33852

New Principal Place of Business:

933 JACKSON ROAD
LAKE PLACID, FL 33852

Current Mailing Address:

16500 S. JEFFERSON AVE.
LAKE PLACID, FL 33852

New Mailing Address:

P.O. BOX 1736
LAKE PLACID, FL 33862

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

Name and Address of Current Registered Agent:

MILLION, JON
117 MCCOY DRIVE
LAKE PLACID, FL 33852 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: JOLLY, DONALD
Address: 210 RICHFIELD DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T ( ) Delete
Name: GRIFFIN, SHERI D
Address: 16500 S JEFFERSON AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: MILLION, JON
Address: 117 MCCOY DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MONIQUE, OXER
Address: 108 HUNTLEY OAKS CT
City-St-Zip: LAKE PLACID, FL 33852

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

Title: P (X) Change ( ) Addition
Name: MILLION, JON
Address: 117 MCCOY DR
City-St-Zip: LAKE PLACID, FL 33852

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 GRIFFIN T 01/27/2009
Electronic Signature of Signing Officer or Director — Date