## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33092

FILED Apr 11, 2007 Secretary of State

Entity Name: LAKE MARY YOUTH FOOTBALL ASSOCIATION, INC.

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

P O BOX 951901 1746 GREYSTONE CT

LAKE MARY, FL 32795 US LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

P O BOX 951901

LAKE MARY, FL 32795 US

FEI Number: 52-1656189 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:

CRAWFORD, RICHARD
450 WOLDUNN CIRCLE
LAKE MARY, FL 32746 US
HISE, LUCY
150 HAZEL BLVD
SANFORD, FL 32773 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: LUCY HISE 04/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D/P ( ) Delete Title: D/P (X) Change ( ) Addition

 Name:
 CRAWFORD, RICHARD
 Name:
 YAHN, MARK

 Address:
 450 WOLDUNN CIRCLE
 Address:
 1746 GRAYSTONE COURT

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LONGWOOD, FL 32779

Title: D/V ( ) Delete Title: D (X) Change ( ) Addition Name: HARMON, JEFF Name: JANA, KIERSNOWSKI

 Name:
 HARMON, JEFF
 Name:
 JANA, KIERSNOWSKI

 Address:
 2152 BLUE IRIS
 Address:
 241 LESLIE WAY

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LAKE MARY, FL 32746

 $\label{eq:title:D/S} \mbox{Title:} \mbox{ D/S } \mbox{ ( ) Delete} \mbox{ Title:} \mbox{ D } \mbox{ (X) Change ( ) Addition}$ 

 Name:
 CARTER, BOBBI
 Name:
 DZURINO, BOB

 Address:
 1524 SHADOWMOSS CIRCLE
 Address:
 239 BALD EAGLE RUN

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LAKE MARY, FL 32746

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

 Name:
 HISE, LUCY
 Name:

 Address:
 150 HAZEL BLVD
 Address:

 City-St-Zip:
 SANFORD, FL 32779
 City-St-Zip:

 Name:
 Name:
 TAMMY, BINGHAM

 Address:
 Address:
 873 SHELL LANE

 City-St-Zip:
 City-St-Zip:
 LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCY HISE D/T 04/11/2007