

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90018 048 ****61.25

DOCUMENT # N33092 1. Entity Name LAKE MARY YOUTH FOOTBALL ASSOCIATION, INC.					
Principal Place of Business 1746 GREYSTONE CT LONGWOOD, FL 32779 US			Mailing Address P O BOX 951901 LAKE MARY, FL 32795 US		
2. Principal Place of Business - No P.O. Box # 135 Des Pinar Ln			3. Mailing Address Suite, Apt. #, etc.		
City & State Longwood, FL			City & State		
Zip 32779		Country Seminole		Zip	
Country		4. FEI Number 52-1656189		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required --	
6. Name and Address of Current Registered Agent HISE, LUCY 150 HAZEL BLVD SANFORD, FL 32773			7. Name and Address of New Registered Agent Name CHUCK OSTERINK Street Address (P.O. Box Number is Not Acceptable) 1570 CHERRY LAKE WAY City HEATHROW FL Zip Code 32746		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE CHARLES E OSTERINK, TREASURER 3/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P YAHN, MARK 1746 GRAYSTONE COURT LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P FRANK ROWE 135 Des Pinar Ln Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANA, KIERSNOWSKI 241 LESLIE WAY LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DZURINO, BOB 239 BALD EAGLE RUN LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T HISE, LUCY 150 HAZEL BLVD SANFORD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAMMY, BINGHAM 873 SHELL LANE LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T CHUCK OSTERINK 1570 Cherry Lake Way Heathrow, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: CHARLES E OSTERINK, TREASURER 3/6/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			407-916-2500 <small>Daytime Phone #</small>		

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