

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36261

FILED
Apr 27, 2004
Secretary of State

Entity Name: JENSEN BEACH YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

2369 NE DIXIE HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1956
JENSEN BEACH, FL 34958

New Mailing Address:

FEI Number: 65-0112439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHY MOON
3564 NE BARBARA DR.
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

SHEKAILO, LORETTA A
2746 NE CYPRESS LANE
JENSEN BEACH, FL 34957 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: LORETTA SHEKAILO

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOON, KATHY
Address: 3564 NE BARBARA DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: DV () Delete
Name: FITZPATRICK, CHRIS
Address: 791 NE BAYBERRY CT.
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT () Delete
Name: MEHLING, ANN
Address: 3001 NE HEATHER CT.
City-St-Zip: JENSEN BEACH, FL 34957

Title: DS () Delete
Name: SUILLING, SUE
Address: 327 NE FICUS TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOCCHINO, MIKE
Address: 2456 NE CLARISSA ST.
City-St-Zip: JENSEN BEACH, FL 34957

Title: DV (X) Change () Addition
Name: QUEEN, WILL
Address: PO BOX 1956
City-St-Zip: JENSEN BEACH, FL 34957

Title: DT (X) Change () Addition
Name: SHEKAILO, LORETTA
Address: 2746 NE CYPRESS LANE
City-St-Zip: JENSEN BEACH, FL 34957

Title: DS (X) Change () Addition
Name: KLOOSTERMAN, SUE
Address: PO BOX 1956
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORETTA SHEKAILO

DT

04/27/2004

Electronic Signature of Signing Officer or Director

Date