2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36261

FILED Feb 07, 2005 Secretary of State

Entity Name: JENSEN BEACH YOUTH ATHLETIC ASSOCIATION, INC.

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

2369 NE DIXIE HWY JENSEN BEACH, FL 34957

Current Mailing Address: New Mailing Address:

P.O. BOX 1956 JENSEN BEACH, FL 34958

FEI Number: 65-0112439 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:

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:

Flacture is Company of Danistand Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DPS (X) Change () Addition

 Name:
 BOCCHINO, MIKE
 Name:
 BOCCHINO, MIKE

 Address:
 2456 NE CLARISSA ST.
 Address:
 2456 NE CLARISSA ST.

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:
 JENSEN BEACH, FL 34957

Title: DV () Delete Title: DVT (X) Change () Addition

 Name:
 QUEEN, WILL
 Name:
 SHEKAILO, LORETTA

 Address:
 PO BOX 1956
 Address:
 2746 NE CYPRESS LANE

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:
 JENSEN BEACH, FL 34957

Title: DT (X) Delete Title: () Change () Addition

 Name:
 SHEKAILO, LORETTA
 Name:

 Address:
 2746 NE CYPRESS LANE
 Address:

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:

 $\label{eq:time_state} {\sf Title:} \qquad \qquad {\sf DS} \qquad \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 KLOOSTERMAN, SUE
 Name:

 Address:
 PO BOX 1956
 Address:

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:

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 DVT 02/07/2005