2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 19, 2007 DOCUMENT# N37823 Secretary of State

Entity Name: YOUTH DEVELOPMENT THROUGH SPORT, INC.

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

7741 15TH ST E

SARASOTA, FL 34243 LIS

Current Mailing Address: New Mailing Address:

7741 15TH ST E

SARASOTA, FL 34243 US

FEI Number: 65-0183712 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:

ANDREWS, MARY ANN BRUCE, MARK 7741 15TH ST. E. 7280 N. LEEWYNN DR.

US SARASOTA, FL 34240 SARASOTA, FL 34243 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: MARK BRUCE 10/19/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition

ANDREWS, MARY A BRUCE, MARK Name: Name: 7280 N. LEEWYNN DR. Address: 7741 15TH ST. E. Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34243 US

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

POPE, KEITH Name: LEETZOW, MARK Name: Address: 7741 15TH ST. E Address: 7741 15TH ST. E City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

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

BRUCE, MARK SCHULTZ, MATT Name: Name: Address: 7741 15TH ST E Address: 7741 15TH ST E

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 US

Title: () Delete Title: VP-D () Change (X) Addition

Name: Name: HALPIN, PAGE D 409 E. MACEWEN DR. Address: Address: City-St-Zip: City-St-Zip: OSPREY, FL 34229 US

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

JOHNSON, VERONICA Name: Name: 7741 15TH ST. E. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34243 US

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

MORROW, BRETT Name: Name: 7741 15TH ST. E. Address: Address: SARASOTA, FL 34243 US City-St-Zip: City-St-Zip:

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: PAGE DUNLAP HALPIN VP-D 10/19/2007