2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42726

FILED May 03, 2006 Secretary of State

Entity Name: PORT ORANGE YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 414	OR ROAD ANGE, FL 32124			
Current Mailing Address:		New Mailing Address:		
SUITE 414	OR ROAD ANGE, FL 32124			
FEI Number:	59-3072366 FEI Number Applied For () FEI Nu	ımber Not App	licable () Certificate of Status Desired ()	
n accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	the prior notic		
AMPERT	, CATHY D	PUGLISI, F		
921 TRAILWOOD DR PORT ORANGE, FL 32127 US		1820 FOR	1820 FOROUGH CIR PORT ORANGE, FL 32128 US	
	named entity submits this statement for the purpose of Florida.	of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE: RAY PUGLISI		05/03/2006	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () Delete SUNDQUIST, MARK 1099 WILLOW WOOD DR. PORT ORANGE, FL 32129	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete AYERS, ROB 6346 PARIA COURT PORT ORANGE, FL 32128	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition BRADLEY, KEN 613 FOREST TROLL DR PORT ORANGE, FL 32127	
Title: Name: Address: City-St-Zip:	TD () Delete LAMPERT, CATHY 5921 TRAILWOOD DR. PORT ORANGE, FL 32127	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition PUGLISI, RAY 1820 FOROUGH CIR PORT ORANGE, FL 32128	
Title: Name: Address: City-St-Zip:	SD () Delete PIERCE, ELIZABETH 71 NORTH GREENWAY DR PORT ORANGE, FL 32127	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete PELUDAT, JERRY 774 FOXHOUND DR PORT ORANGE, FL 32128	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete COSTA, LISA 667 QUERCUS ST PORT ORANGE, FL 32127	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: RAY PUGLISI TD 05/03/2006