

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42726

FILED
Jan 17, 2007
Secretary of State

Entity Name: PORT ORANGE YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

1648 TAYLOR ROAD
SUITE 414
PORT ORANGE, FL 32124

New Principal Place of Business:

Current Mailing Address:

1648 TAYLOR ROAD
SUITE 414
PORT ORANGE, FL 32124

New Mailing Address:

FEI Number: 59-3072366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGLISI, RAY J
1820 FOROUGH CIR
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SUNDQUIST, MARK
Address: 1099 WILLOW WOOD DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: VPD () Delete
Name: BRADLEY, KEN
Address: 613 FOREST TROLL DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD () Delete
Name: PUGLISI, RAY
Address: 1820 FOROUGH CIR
City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete
Name: PIERCE, ELIZABETH
Address: 71 NORTH GREENWAY DR
City-St-Zip: PORT ORANGE, FL 32127

Title: DT () Delete
Name: PELUDAT, JERRY
Address: 774 FOXHOUND DR
City-St-Zip: PORT ORANGE, FL 32128

Title: DT () Delete
Name: COSTA, LISA
Address: 667 QUERCUS ST
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: PUGLISI, RAY
Address: 1820 FOROUGH CIR
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STRAHL, LAURA
Address: 1822 FOROUGH CIR
City-St-Zip: PORT ORANGE, FL 32128

Title: SD (X) Change () Addition
Name: TRENT, MARIA
Address: 732 PELICAN BAY DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PT

01/17/2007

Electronic Signature of Signing Officer or Director

Date