2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42726

FILED Mar 17, 2009 Secretary of State

Entity Name: PORT ORANGE YOUTH FOOTBALL ASSOCIATION, INC.

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

1648 TAYLOR ROAD SUITE 414 PORT ORANGE, FL 32124

Current Mailing Address: New Mailing Address:

1648 TAYLOR ROAD SUITE 414 PORT ORANGE, FL 32124

FEI Number: 59-3072366 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:

PUGLISI, RAY J KING, DIANE L 1820 FOROUGH CIR 1901 ROUZBEH

1820 FOROUGH CIR
PORT ORANGE, FL 32128 US
1901 ROUZBEH COURT
PORT ORANGE, FL 32128 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: DIANE KING 03/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: PUGLISI, RAY Name: KING, DIANE

Address: 1820 FOROLIGH CIR.

Address: 1820 FOROUGH CIR Address: 1901 ROUZBEH COURT
City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ROSA, JOE Name: TURNIPSEED, JESSE

Address: 844 WINGATE DR Address: 1876 CREEKWATER
City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

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

 Name:
 KING, DIANE
 Name:
 TURNIPSEED, JESSE

 Address:
 1901 ROUZBEH CT
 Address:
 1876 CREEKWATER

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

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

 Name:
 ECKELS, LISA
 Name:

 Address:
 105 GAY-GAYLE TERR
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32118
 City-St-Zip:

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

 Name:
 LEUZINGER, KERRY
 Name:
 PUGLISI, RAY

 Address:
 934 SAND CREST DR
 Address:
 1820 FOROUGH CIR

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32128

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

 Name:
 WILLIAMS, JANET
 Name:

 Address:
 35 WOODLAKE DR
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32129
 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: DIANE KING PT 03/17/2009