

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44494

FILED  
May 04, 2008  
Secretary of State

**Entity Name:** LAKE BRANTLEY YOUTH FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

107 BAY HAMMOCK LANE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

5009 CUB LAKE DRIVE  
APOPKA, FL 32703

**Current Mailing Address:**

PO BOX 915442  
LONGWOOD, FL 327915442

**New Mailing Address:**

**FEI Number:** 59-3476151      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANCHEZ, ABBY  
107 BAY HAMMOCK LANE  
LONWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

HAECKER, WENDE  
5009 CUB LAKE DRIVE  
APOPKA, FL 32703      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: WENDE HAECKER

05/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WAGNER, JOHN  
Address: 508 SWEETWATER CLUB CIR.  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: ADKINS, CINDY  
Address: 6077 JESSICA DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: HAECKER, WENDE  
Address: 5009 CUB LAKE DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: JACKSON, JEFF  
Address: 294 HAVERCLUB CT  
City-St-Zip: LONGWOOD, FL 32779

Title: D      (X) Delete  
Name: SANCHEZ, ABBY  
Address: 107 BAY HAMMOCK LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: D      (X) Delete  
Name: WARING, MIKE  
Address: 261 COBLE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: MAHRAMUS, JILL  
Address: 204 ATHERSTONE CT  
City-St-Zip: LONGWOOD, FL 32779

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

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

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 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: WENDE HAECKER

D

05/04/2008

Electronic Signature of Signing Officer or Director

Date