

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44494

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAKE BRANTLEY YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

5009 CUB LAKE DRIVE
APOPKA, FL 32703

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

HAECKER, WENDE
5009 CUB LAKE DRIVE
APOPKA, FL 32703 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: D () Delete
Name: WAGNER, JOHN
Address: 508 SWEETWATER CLUB CIR.
City-St-Zip: LONGWOOD, FL 32779

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHRAGER, SCOTT
Address: 450 MULBERRY CT
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: D (X) Change () Addition
Name: SMITH, GUNNAR
Address: 245 COBLE DRIVE
City-St-Zip: LONGWOOD, FL 32779

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 E HAECKER

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date