

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47061

FILED
Feb 18, 2009
Secretary of State

Entity Name: CAPE YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

2602 CHIQUITA BLVD.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151414
CAPE CORAL, FL 339151416

New Mailing Address:

FEI Number: 65-0306422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYE, CHRIS
2117 SW 14TH AVE
CAPE CORAL, FL 33991 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: CONNELLEY, FRANK
Address: 202 SW 33RD ST
City-St-Zip: CAPE CORAL, FL 33914

Title: PD () Delete
Name: MCBRIDE, MIKE
Address: 238 SW 38TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: BOYE, CHRISTOPHER C CHRIS
Address: 2117 SW 14TH AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: T () Delete
Name: HORNER, MARIE L CHRIS
Address: 2539 SW 26TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: WILSON, KELLY C CHRIS
Address: 2628 NW 26TH AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: D (X) Delete
Name: BURLEIGH, TERI C CHRIS
Address: 1112 SW 36TH TERR
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BOYE, CHRIS
Address: 2117 SW 14TH AVE
City-St-Zip: CAPE CORAL, FL 33991

Title: VP (X) Change () Addition
Name: REYNOLDS, LANCE
Address: 702 NW 17TH PL
City-St-Zip: CAPE CORAL, FL 33993

Title: T (X) Change () Addition
Name: WILSON, EDDIE
Address: 2630 NW 26TH AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: S (X) Change () Addition
Name: BURLEIGH, TERI
Address: 5793 CAPE HARBOUR DR 1012
City-St-Zip: CAPE CORAL, FL 33914

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: EDDIE WILSON

T

02/18/2009

Electronic Signature of Signing Officer or Director

Date