

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50365

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: GREATER DELAND YOUTH FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

840 W KICKLIGHTER RD  
LAKE HELEN, FL 32744 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 W KICKLIGHTER RD  
LAKE HELEN, FL 32744 US

**New Mailing Address:**

FEI Number: 59-3142274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, PAULETTE D  
840 W KICKLIGHTER RD  
LAKE HELEN, FL 32744 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: T      ( ) Delete  
Name: CALKINS, TERRY  
Address: 2514 KRINKLEWOOD  
City-St-Zip: DELAND, FL 32724

Title: S      ( ) Delete  
Name: MONROE, ALICIA  
Address: 526 S THOMPSON ST  
City-St-Zip: DELAND, FL 32720

Title: D      ( ) Delete  
Name: MARLON, HARRIS  
Address: 3131 MAPLE SHADE  
City-St-Zip: DELTONA, FL 32738

Title: PD      ( ) Delete  
Name: SMITH, PAULETTE D  
Address: 840 W. KICKLIGHTER RD  
City-St-Zip: LAKE HELEN, FL

Title: D      ( ) Delete  
Name: HARRIS, DARRYL D  
Address: 615 S. PARSONS AVE.  
City-St-Zip: DELAND, FL

Title: D      ( ) Delete  
Name: TAMIKA, JOYCE  
Address: 647 S THOMPSON  
City-St-Zip: DELAND, FL 32720

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

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:

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: PAULETTE SMITH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date