

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000561

FILED
Jan 11, 2008
Secretary of State

Entity Name: APOPKA YOUTH SPORTS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

ROBERT M. MANLEY, JR.
555 MARTIN STREET
APOPKA, FL 32712 US

New Principal Place of Business:

ROBERT M. MANLEY, JR.
555 LAKE MCCOY DRIVE
APOPKA, FL 32712 US

Current Mailing Address:

P.O. BOX 1093
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 23-1582287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPEK, MELISSA
344 SPEYSIDE LANE
APOPKA, FL 32712 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: PRES () Delete
Name: MANLEY, ROBERT M JR
Address: 555 LAKE MCCOY DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: SPANN, JULIE
Address: 649 MT. STERLING AVENUE
City-St-Zip: APOPKA, FL 32712

Title: SECR () Delete
Name: SUGGS, STEFANIE
Address: 3918 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TREA () Delete
Name: SPEK, MELISSA
Address: 344 SPEYSIDE LANE
City-St-Zip: APOPKA, FL 32712

Title: DF () Delete
Name: MULEY, ROBB
Address: 444 DOMINISH ESTATES DRIVE
City-St-Zip: APOPKA, FL 32712

Title: DC () Delete
Name: OKEY, ANNETTE
Address: 3206 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
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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: MELISSA SPEK

TREA

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date