2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N94000000409

Entity Name: SOUTHSIDE YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

6801 ALTAMA RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P O BOX 17466
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3217819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WILLIAMS, STACEY
1821 BUCKRIDGE RD.
JACKSONVILLE, FL 32225 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: PD ( ) Delete
Name: LYNCH, RON
Address: 901 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD ( ) Delete
Name: WILLIAMS, DWAYNE
Address: 1821 BUCKRIDGE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: CHIOTTO, TERESA
Address: 578 BAY RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete
Name: WILLIAMS, STACEY
Address: 1821 BUCKRIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32225

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:

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: STACEY WILLIAMS T 05/02/2008
Electronic Signature of Signing Officer or Director — Date