

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2006  
Secretary of State**

DOCUMENT# N94000002538

Entity Name: CARRABELLE YOUTH ATHLETICS, INC.

**Current Principal Place of Business:**

SANDS FIELD COMPLEX  
HWY 98  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

RENEE STONE, TREASURER  
PO BOX 1053  
CARRABELLE, FL 32322

**New Mailing Address:**

FEI Number: 59-2445731      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROSIER, DAN  
127 LARRY DR.  
CARRABELLE, FL 32322      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: STONE, RENEE  
Address: PO BOX 1053  
City-St-Zip: CARRABELLE, FL 32322

Title: PT      ( ) Delete  
Name: KELLY, MATT  
Address: PO BOX 784  
City-St-Zip: CARRABELLE, FL 32322

Title: VPT      ( ) Delete  
Name: CURRY, BOBBY  
Address: PO BOX 1047  
City-St-Zip: CARRABELLE, FL 32322

Title: SDT      ( ) Delete  
Name: BARRACK, NIKKI  
Address: PO BOX 715  
City-St-Zip: CARRABELLE, FL 32322

**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 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: RENEE STONE

T

04/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date