


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 011 ****61.25

DOCUMENT # N94000002538					
1. Entity Name CARRABELLE YOUTH ATHLETICS, INC.					
Principal Place of Business SANDS FIELD COMPLEX HWY 98 CARRABELLE, FL 32322			Mailing Address RENEE STONE, TREASURER PO BOX 1053 CARRABELLE, FL 32322 <i>change</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address MATT KELLEY		04052007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 784		4. FEI Number 59-2445731	
City & State		City & State Carrabelle FL		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		32322	Franklin		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSIER, DAN 127 LARRY DR. CARRABELLE, FL 32322			Name MATT KELLEY		
			Street Address (P.O. Box Number is Not Acceptable) 2007 LIGHTHOUSE RD		
			PO BOX		
			City CARRABELLE		FL Zip Code 32322
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, RENEE		NAME	Dana Whaley	
STREET ADDRESS	PO BOX 1053		STREET ADDRESS	242 Peggy lane	
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, MATT		NAME	TERESA SEGREE	
STREET ADDRESS	PO BOX 784		STREET ADDRESS	173 CARSON MILKMAKERS RD	
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRY, BOBBY		NAME	Connie Butler	
STREET ADDRESS	PO BOX 1047		STREET ADDRESS	Carrabelle, FL 32322	
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRACK, NIKKI		NAME		
STREET ADDRESS	PO BOX 715		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE, FL 32322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature: Dana Whaley]*