

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002538

FILED  
Jul 19, 2008  
Secretary of State

Entity Name: CARRABELLE YOUTH ATHLETICS, INC.

**Current Principal Place of Business:**

SANDS FIELD COMPLEX  
HWY 98  
CARRABELLE, FL 32322

**New Principal Place of Business:**

WILL KENDRICK SPORTS COMPLEX  
HWY 98  
CARRABELLE, FL 32322

**Current Mailing Address:**

MATT KELLY  
PO BOX 784  
CARRABELLE, FL 32322

**New Mailing Address:**

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

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

KELLY, MATT  
2007 LIGHTHOUSE RD  
CARRABELLE, FL 32322      US

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:**

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

Title: T      ( ) Delete  
Name: WHALEY, DANA  
Address: 242 PEEFFY LN  
City-St-Zip: CARRABELLE, FL 32322

Title: T      (X) Change ( ) Addition  
Name: WHALEY, DANA  
Address: 242 PEGGY LN  
City-St-Zip: CARRABELLE, FL 32322

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

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

Title: VPT      ( ) Delete  
Name: SEGREE, TERESA  
Address: 173 CALLRON ALLKUON RD  
City-St-Zip: CARRABELLE, FL 32322

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

Title: S      ( ) Delete  
Name: BUTTER, CONNIE  
Address: PO BOX 715  
City-St-Zip: CARRABELLE, FL 32322

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: DANA WHALEY

T

07/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date