

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002538

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** CARRABELLE YOUTH ATHLETICS, INC.

**Current Principal Place of Business:**

WILL KENDRICK SPORTS COMPLEX  
HWY 98  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

BRIDGET MCLEOD  
PO BOX 488  
EASPOINT, FL 32328

**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:**

MCLEOD, BRIDGET  
56 BRIAN ST  
EASTPOINT, FL 323228 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: P  
Name: BUTLER, CONNIE  
Address: PO BOX 715  
City-St-Zip: CARRABELLE, FL 32322

Title: VP  
Name: DANIELS, MARK  
Address: 502 TALLAHASSEE STREET  
City-St-Zip: CARRABELLE, FL 32322

Title: S  
Name: DANIELS, JENNIFER  
Address: 502 TALLAHASSEE STREET  
City-St-Zip: CARRABELLE, FL 32322

Title: T  
Name: MCLEOD, BRIDGET  
Address: 56 BRIAN STREET  
City-St-Zip: EASTPOINT, FL 32328

I hereby 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 all other like empowered.

SIGNATURE: BRIDGET MCLEOD

TRES

02/27/2012

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

\_\_\_\_\_  
Date