

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004548

FILED
Jun 08, 2006
Secretary of State

Entity Name: SOUTH BEACH YOUTH FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 372163
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

P.O. BOX 372786
SATELLITE BEACH, FL 32937 US

Current Mailing Address:

P.O. BOX 372163
SATELLITE BEACH, FL 32937 US

New Mailing Address:

P.O. BOX 372786
SATELLITE BEACH, FL 32937 US

FEI Number: 02-0562130 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:

ABELN, JENNIFER K MS
1117 STEVEN PATRICK AVENUE
INDIAN HARBOUR BEACH, FL 32937 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: DIGIACOMO, GARY
Address: 685 BIMINI RD
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD () Delete
Name: SCOTT, ARNOLD
Address: 315 SHERWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: MCKOWEN, SHARON
Address: 104 LEE STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: T (X) Delete
Name: ABELN, JENNIFER
Address: 1117 STEVEN PATRICK AVENUE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ABELN, JENNIFER
Address: 1117 STEVEN PATRICK AVENUE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: JENNIFER ABELN

T

06/08/2006

Electronic Signature of Signing Officer or Director

Date