



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90027 042 ****70.00

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| DOCUMENT # N95000000680 | | | |  | |
| 1. Entity Name NORTH PORT YOUTH SOCCER, INC. | | | | | |
| Principal Place of Business P.O. BOX 7747 NORTH PORT, FL 34287-7747 | | | Mailing Address P.O. BOX 7747 NORTH PORT, FL 34287-7747 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01072008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 65-0594316 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HARRISON, CHRIS 8444 DELONG AVE. NORTH PORT, FL 34288 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| FL | | | | Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 P NAME STEE, CHIP STREET ADDRESS 4354 MANILA AVE CITY-ST-ZIP NORTH PORT, FL 34288 | <input checked="" type="checkbox"/> Delete | | TITLE President NAME Chris Harrison STREET ADDRESS 8444 Delong Ave CITY-ST-ZIP North Port, FL 34291 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME HARRISON, CHRIS STREET ADDRESS 8444 DELONG AVE CITY-ST-ZIP NORTH PORT, FL 34287 | <input checked="" type="checkbox"/> Delete | | TITLE V.P. NAME Rob. Almand STREET ADDRESS 2383 Savannah Dr CITY-ST-ZIP North Port, FL 34289 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME HUNTLEY, CHIP STREET ADDRESS 3381 ESCOBAR LN CITY-ST-ZIP NORTH PORT, FL 34286 | <input checked="" type="checkbox"/> Delete | | TITLE Treasurer NAME Beverly Sotello STREET ADDRESS 4028 Mulgrave Ave CITY-ST-ZIP North Port FL 34286 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME HANTLEY, GAIL STREET ADDRESS 3381 ESCOBAR LANE CITY-ST-ZIP NORTH PORT, FL 34286 | <input checked="" type="checkbox"/> Delete | | TITLE Secretary NAME Shannon Cannon STREET ADDRESS 6602 Tidwell St CITY-ST-ZIP North Port FL 34286 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ | | | Date: 2/9/08 Daytime Phone #: 941-493-0311 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |