2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004926

FILED Jul 14, 2008 Secretary of State

Entity Name: SUMTER DIXIE YOUTH LEAGUE INC.

Current I	Principal Place of Business:	New Principal Place of Business:
	R MEMORIAL PARK R, FL 33597	
Current I	Mailing Address:	New Mailing Address:
PO BOX (WEBSTE	646 R, FL 33597	
n accorda	r: 59-3426106 FEI Number Applied For nce with s. 607.193(2)(b), F.S., the corporatio d Address of Current Registered Ago	n did not receive the prior notice.
2949 ST	K, HORACE ATE ROAD 471 R, FL 33597 US	
	e named entity submits this statement for te of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
SIGNATL	RE: Electronic Signature of Register	ed Agent Date
SIGNATU Officer		ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Register S AND DIRECTORS: P () Delete SWAFFORD, LARRY 9719 CR 733	•
DFFICEF itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	Electronic Signature of Register S AND DIRECTORS: P () Delete SWAFFORD, LARRY 9719 CR 733 WEBSTER, FL 33597 VP () Delete PEACOCK, JENNIFER M 12949 S.R.471	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
DFFICEF Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Nddress: Nddress:	Electronic Signature of Register SS AND DIRECTORS: P () Delete SWAFFORD, LARRY 9719 CR 733 WEBSTER, FL 33597 VP () Delete PEACOCK, JENNIFER M 12949 S.R.471 WEBSTER, FL 33597 S () Delete WILLIAMS, CAROLYN 12175 C.R. 721	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICEF Title: Jame: Address:	Electronic Signature of Register ES AND DIRECTORS: P () Delete SWAFFORD, LARRY 9719 CR 733 WEBSTER, FL 33597 VP () Delete PEACOCK, JENNIFER M 12949 S.R.471 WEBSTER, FL 33597 S () Delete WILIAMS, CAROLYN 12175 C.R. 721	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: 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: HORACE PEACOCK TREA 07/14/2008