2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N97000002210

Entity Name: SANFORD YOUTH FOOTBALL ASSOCIATION INC.

Current Principal Place of Business:

206 S. SOMERSET CT.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2895
SANFORD, FL 327722895

New Mailing Address:

FEI Number: 59-3076615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, RONALD D
206 S. SOMERSET CT.
SANFORD, FL 32773 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 ( ) Delete
Name: BYRD, QUINN
Address: PO BOX 2895
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete
Name: MCCLOUD, JOSEPH
Address: PO BOX 2895
City-St-Zip: SANFORD, FL 32772

Title: S ( ) Delete
Name: SMEDLEY, BUWAN
Address: PO BOX 2895
City-St-Zip: SANFORD, FL 32772

Title: T ( ) Delete
Name: BROWN, COLLEEN
Address: PO BOX 2895
City-St-Zip: SANFORD, FL 32772

Title: C ( ) Delete
Name: MOORE, RON
Address: PO BOX 2895
City-St-Zip: SANFORD, FL 32772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RONALD MOORE COMM 04/29/2009
Electronic Signature of Signing Officer or Director — Date