## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005084

Entity Name: PORT ST. JOE YOUTH SOCCER, INC.

FILED Jul 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

419 BALTZELL AVE 104 PERIWINKLE DR. PORT ST JOE, FL 32456 PORT ST JOE, FL 32456

Current Mailing Address: New Mailing Address:

419 BALTZELL AVE 104 PERIWINKLE DR. PORT ST JOE, FL 32456 PORT ST JOE, FL 32456

FEI Number: 59-3491537 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: Name and Address of New Registered Agent:

ELLMER, R MARK

2106 CYPRESS AVE

PORT ST JOE, FL 32456 US

LACOUR, MICHAEL D

104 PERIWINKLE DR.

PORT ST JOE, FL 32456 US

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: MICHAEL D LACOUR 07/13/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete Title: PDC (X) Change ( ) Addition Name: CURRY, ELIZABETH F Name: LACOUR, MICHAEL D

 Address:
 419 BALTZELL AVE
 Address:
 104 PERIWINKLE DR.

 City-St-Zip:
 PT ST JOE, FL
 City-St-Zip:
 PT ST JOE, FL 32456

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 ELLMER, R MARK
 Name:
 MAHAN, WILLIAM

 Address:
 2106 CYPRESS AVE
 Address:
 911 10TH STREET

 City-St-Zip:
 PT ST JOE, FL 32456
 City-St-Zip:
 PT ST JOE, FL 32456

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 LACOUR, MICHAEL D
 Name:
 SHIELDS, JOSEPH

 Address:
 103 PERIWINKLE DR
 Address:
 2108 HWY 98

City-St-Zip: PT ST JOE, FL 32456 City-St-Zip: CARRABELLE, FL 32456

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: MICHAEL D LACOUR PDC 07/13/2007