

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006808

FILED
Apr 13, 2009
Secretary of State

Entity Name: LABELLE YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1695
LABELLE, FL 33975

New Principal Place of Business:

25 E. HICKPOCHEE AVE
LABELLE, FL 33975

Current Mailing Address:

P O BOX 1695
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0832862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, JAMES D
455 8 AVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

SLOAN, JAMES D
455 8TH AVE
LABELLE, FL 33935 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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTIAGO, ELI
Address: 4047 OAK HAVEN DR.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SLOAN, JAMES D
Address: 455 8 AVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: ROYAL, LESLIE
Address: 3800 FT DENAUD RD
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: KELLY, KEVIN
Address: 237 TRADER RD
City-St-Zip: LABELLE, FL 33935

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:

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: JAMES D. SLOAN

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date