

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006808

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** LABELLE YOUTH SOCCER ASSOCIATION, INC.

**Current Principal Place of Business:**

25 E. HICKPOCHEE AVE  
LABELLE, FL 33975

**New Principal Place of Business:**

4047 OAK HAVEN DR.  
LABELLE, FL 33975

**Current Mailing Address:**

P O BOX 1695  
LABELLE, FL 33975

**New Mailing Address:**

4047 OAK HAVEN DR.  
LABELLE, FL 33975

**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 8TH AVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

SANTIAGO, EFRAIN  
4047 OAK HAVEN DR.  
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: EFRAIN SANTIAGO

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SANTIAGO, EFRAIN  
Address: 4047 OAK HAVEN DR.  
City-St-Zip: LABELLE, FL 33935

Title: D  
Name: COMACHO, FLORINDA  
Address: 2017 LIGHTHOUSE COURT  
City-St-Zip: LABELLE, FL 33935

Title: D  
Name: CHAIREZ, MARISA  
Address: 1075 PARK DR.  
City-St-Zip: LABELLE, FL 33935

Title: D  
Name: BRIONES, MAURICIO  
Address: 450 ELM ST.  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: EFRAIN SANTIAGO

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date