2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000000231

Apr 03, 2007 Secretary of State

Entity Name: DELAND KNIGHTS YOUTH TACKLE FOOTBALL & CHEERLEADING ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 426 WEST LANSDOWNE AVENUE ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** P.O. BOX 740028 P.O. BOX 1760 DELAND, FL 32721 ORANGE CITY, FL 32763 FEI Number: 59-3589525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IRIZARRY, FRANK P 426 WEST LANSDOWNE AVENUE ORANGE CITY, FL 32763 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition IRIZARRY, FRANK P Name: Name: 426 WEST LANSDOWNE AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: Title: (X) Change () Addition () Delete BROWN, SCOTT Name: WOIDE, CHUCK Name: Address: 1451 MAPLE LEAF LANE Address: 1251 PRESSLY CIRCLE City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32720 Title: F.C. () Delete Title: () Change () Addition BUCKLES, TODD Name: Name: Address: 1401 N. STONE STREET Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: C.C. Title: () Delete () Change () Addition Name: HOPE, JACKIE Name: 820 WEST CHURCH STREET Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete SEC Title: () Change () Addition DAUS, SUE Name: Name: 2620 PHEASANT VILLAGE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition WOIDE, SUSANNAH Name: Name: Address: 1251 PRESSLY CIRCLE Address: DELAND, FL 32720 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK P. IRIZARRY PRES 04/03/2007