


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 21, 2008 8:00 am
Secretary of State**

04-24-2008 90100 041 ****61.25

DOCUMENT # N99000003115 1. Entity Name NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.	
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Principal Place of Business 1482 NW FROTIER DR. LAKE CITY, FL 32055	Mailing Address 1482 NW FROTIER DR. LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE

00011404



01192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1655512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NORRIS, GUY W
201 NORTH MARION STREET, SUITE 301
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Roberta Whitaker* DATE: 5-15-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, ROBERTA 1482 NW FRONTIER LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RICHARD 1359 SW MAIN BLVD. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, GUY W 253 NW MAIN BLVD. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, JIM ROUTE 15, BOX 3089 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, LORRAINE 366 NW MALLARD PLACE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberta Whitaker* 5-15-08 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #