

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003115

FILED  
Mar 28, 2009  
Secretary of State

**Entity Name:** NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.

**Current Principal Place of Business:**

1482 NW FROTIER DR.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

1482 NW FRONTIER DR.  
LAKE CITY, FL 32055

**Current Mailing Address:**

1482 NW FROTIER DR.  
LAKE CITY, FL 32055

**New Mailing Address:**

1482 NW FRONTIER  
LAKE CITY, FL 32055

**FEI Number:** 31-1655512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Title: D ( ) Delete  
Name: WHITAKER, ROBERTA  
Address: 1482 NW FRONTIER  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: POWELL, RICHARD  
Address: 1359 SW MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: NORRIS, GUY W  
Address: 253 NW MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: MOSES, JIM  
Address: ROUTE 15, BOX 3089  
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete  
Name: KIRKLAND, LORRAINE  
Address: 366 NW MALLARD PLACE.  
City-St-Zip: LAKE CITY, FL 32055

**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:

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: ROBERTA F. WHITAKER

MRS

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date