2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

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Entity Name: SPORTS/EDUCATION YOUTH FOUNDATION, INC.

Current Principal Place of Business:

1640 BEAR CROSSING
APOPKA, FL 32703

New Principal Place of Business:

17510 ISBELL LANE
ODESSA, FL 33556

Current Mailing Address:

1640 BEAR CROSSING
APOPKA, FL 32703

New Mailing Address:

17510 ISBELL LANE
ODESSA, FL 33556

FEI Number: 59-3595935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOUSER, FRED W
1640 BEAR CROSSING
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WELLS, LINDA A
17510 ISBELL LANE
ODESSA, FL 33556 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: LINDA A. WELLS 04/30/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: HOUSER, FRED W
Address: 1640 BEAR CROSSING
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: WELLS, LINDA
Address: 17510 ISBELL LANE
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: FAHEY, TREVOR
Address: 7629 BAYHILL COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEREN, JEFFREY S
Address: 5174 KERNWOOD COURT
City-St-Zip: PALM HARBOR, FL 34685

Title: T (X) Change ( ) Addition
Name: WELLS, LINDA A
Address: 17510 ISBELL LANE
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA A. WELLS T 04/30/2005
Electronic Signature of Signing Officer or Director Date