

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000007125

**Entity Name:** KEY WEST YOUTH LACROSSE LEAGUE, INC.

**Current Principal Place of Business:**

21 EMERALD DR  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 5443  
KEY WEST, FL 33045-5443 US

**FEI Number:** 46-0691234

**Certificate of Status Desired:** No

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

SIMS, RIELLA LYNN TREASURER  
21 EMERALD DR  
KEY WEST, FL 33040 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:** RIELLA LYNN SIMS, TREASURER

08/11/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRABUS, ANDREW  
Address        PO BOX 5443  
City-State-Zip: KEY WEST FL 33045-5443

Title            VP  
Name            MIGUT, DAVE  
Address        PO BOX 5443  
City-State-Zip: KEY WEST FL 33045-5443

Title            TREASURER  
Name            SIMS, RIELLA LYNN  
Address        21 EMERALD DR  
City-State-Zip: KEY WEST FL 33040

Title            SECRETARY  
Name            BENDALL, LISA  
Address        1537 BATFISH COURT APT E  
City-State-Zip: KEY WEST FL 33040

Title            GIRLS' COACHES COORDINATOR  
Name            BAXTER, STEPHEN  
Address        1424 WASHINGTON ST  
City-State-Zip: KEY WEST FL 33040

Title            BOYS' COACHES COORDINATOR  
Name            CASTILLO, JASON  
Address        PO BOX 5443  
City-State-Zip: KEY WEST FL 33045-5443

Title            OFFICIALS' COORDINATOR  
Name            ZENSON, FRED  
Address        52 CUTTHROAT DR  
City-State-Zip: CUDJOE KEY FL 33042

*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:** RIELLA LYNN SIMS

**TREASURER**

08/11/2016

Electronic Signature of Signing Officer/Director Detail

Date