Title	PRESIDENT	Title	VICE PRESIDENT
Name	WALLS, ED	Name	HANDY, MELESSA
Address	4443 SHADY ROCK COURT	Address	4161 KNOTT DR
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712
Title	SECRETARY	Title	TREASURER
Name	MILLER, SABRINA	Name	WILLIAMS, RENEE
Address	1139 GREEN VISTA CIRCLE	Address	PO BOX 1093
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712
		T :41 a	RC .
Title	DF	Title	DC
Name	MCKAY, DAVID	Name	FOWLER, ALYSSA
Address	4419 SHADY ROCK CT	Address	PO BOX 1093
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

P.O. BOX 1093 APOPKA, FL 32704 US

SIGNATURE: SABRINA MOYA MILLER

FEI Number: 23-1582287

Current Mailing Address:

DOCUMENT# N9300000561

3910 JASON DWELLEY PARKWAY

APOPKA, FL 32712

Current Principal Place of Business: APOPKA YOUTH SPORTS ASSOCIATION (AYSA)

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: APOPKA YOUTH SPORTS ASSOCIATION, INCORPORATED

MILLER, SABRINA MOYA 1139 GREEN VISTA CIRCLE APOPKA, FL 32712 US

Officer/Director Detail :

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 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: ED WALLS

PRESIDENT

04/20/2015

04/20/2015 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 20, 2015 Secretary of State CC3560137819

Certificate of Status Desired: No

PRESIL

Date