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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758860

1. Corporation Name
NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.

Principal Place of Business 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 US	Mailing Address 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 US
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2. Principal Place of Business 21 2050 Vista Parkway Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33411	2a. Mailing Address 26 2050 Vista Parkway Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip 29 33411	3. Date Incorporated or Qualified 06/22/1981	4. FEI Number 59-2134374 Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ENGH, FREDERIC C 2050 VISTA PARKWAY WEST PALM BCH FL 33411	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGH, FREDRIC C	1.2 NAME	
STREET ADDRESS	1265 WYNNEWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERSCHIED, ROBERT C.	2.2 NAME	
STREET ADDRESS	1179 SKILLMAN AVE., W	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE MN	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARBERT, ROBERT	3.2 NAME	
STREET ADDRESS	11133 SW 113TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, WILLIAM	4.2 NAME	
STREET ADDRESS	12791 PACKWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MICHAEL	5.2 NAME	
STREET ADDRESS	1896 HIDDEN SPRIGNS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON KY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Fred C Engh Date: 1/5/99 Daytime Phone #: 561-684-1141

CRZE037 (11/98)