

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 18 PM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763657 (4)
1. Corporation Name
NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION, INC

Principal Place of Business Mailing Address
625 NO. FLAGLER DR. WEST PALM BEACH FL 33401
625 NO. FLAGLER DR. WEST PALM BEACH FL 33401

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 06/14/1982
3a. Date of Last Report 03/10/1994
4. FEI Number 59-2220973
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLANGAN, JOHN F., ESQ.
625 N FLAGLER DR 9TH FLOOR
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDLE, BRIAN	1.2 NAME	KARP, JOSEPH S.
STREET ADDRESS	525 LIGHTHOUSE DRIVE	1.3 STREET ADDRESS	130 N. ANCHORAGE DRIVE
CITY - ST - ZIP	N. PALM BEACH FL	1.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, ERNE	2.2 NAME	HAVILL, LARRY
STREET ADDRESS	912 EUCALYPTUS RD	2.3 STREET ADDRESS	619 A. VERSIDE ROAD
CITY - ST - ZIP	NO PALM BCH FL	2.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	TD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILEA, REGINA	3.2 NAME	LAMIN, KEVIN R.
STREET ADDRESS	330 SOUTHWIND DR #2	3.3 STREET ADDRESS	637 KINGFISH ROAD
CITY - ST - ZIP	NO PALM BCH FL	3.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	VD	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAVEDRA, MARY	4.2 NAME	SCHOLL, DENNIS
STREET ADDRESS	524 KINGFISH	4.3 STREET ADDRESS	801 AMMONON DRIVE
CITY - ST - ZIP	N. PALM BEACH FL	4.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	SD	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, JOE	5.2 NAME	BRILEY, NOEL
STREET ADDRESS	130 N. ANCHORAGE	5.3 STREET ADDRESS	606 FLORETTA LANE
CITY - ST - ZIP	N. PALM BEACH FL	5.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Joseph S. Karp*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Date: 4-4-95 (407)625-1100
Daytime Phone #