

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15741** (4)

1. Corporation Name
PASCO DIXIE YOUTH LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
22627 RAILROAD AVE PO BOX 289 SAN ANTONIO FL 33576 US		32627 RAILROAD AVE PO BOX 289 SAN ANTONIO FL 33576 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/07/1986	04/06/1994
4. FBI Number	Applied For
59-2718789	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHRADER, JEROME G. 37837 MERIDIAN AVE DADE CITY FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	SEC - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALL, LYNN	1.2 NAME	CHEYL HOLMES
STREET ADDRESS	36724 JEFFERSON AVE	1.3 STREET ADDRESS	14124 PARADISE LANE
CITY - ST - ZIP	DADE CITY FL	1.4 CITY - ST - ZIP	DADE CITY, FL 33525
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRADER, TED	2.2 NAME	
STREET ADDRESS	31308 PASCO RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLON, JOSEPH	3.2 NAME	
STREET ADDRESS	13102 CURLEY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDY, PAT	4.2 NAME	
STREET ADDRESS	34818 MISSION BELL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	VICE - PRES - DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON MONK	5.2 NAME	DAVID GUDE
STREET ADDRESS	28306 RICE RD	5.3 STREET ADDRESS	16143 JESSAMINE RD.
CITY - ST - ZIP	SAN ANTONIO TX	5.4 CITY - ST - ZIP	DADE CITY, FL 33525
TITLE		6.1 TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JIM CROSS
STREET ADDRESS		6.3 STREET ADDRESS	39706 SUNBURST DR.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	DADE CITY, FL 33525

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)(k), 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.

SIGNATURE: Joseph A. Newlon Date: 4-17-95 Signature Number: 904-588-3844
 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
JOSEPH A. NEWLON, TREAS