

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15741** (4)
1. Corporation Name
PASCO DIXIE YOUTH LEAGUE, INC.



Principal Place of Business: 22627 RAILROAD AVE, PO BOX 289, SAN ANTONIO FL 33576 US
Mailing Address: 32627 RAILROAD AVE, PO BOX 289, SAN ANTONIO FL 33576 US

3. Date Incorporated or Qualified: 07/07/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2718789
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: SCHRADER, JEROME G., 37837 MERIDIAN AVE, DADE CITY FL
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

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	SD	1.1 TITLE	D
NAME	HOLMES, CHERYL	1.2 NAME	Ernie Holtzower
STREET ADDRESS	14129 PARADISE LANE	1.3 STREET ADDRESS	22136 Chenook Road
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	Brooksville, Florida 34602
TITLE	PD	2.1 TITLE	D
NAME	SCHRADER, TED	2.2 NAME	Ted Schrader
STREET ADDRESS	31306 PASCO RD	2.3 STREET ADDRESS	31306 Pasco Road
CITY-ST-ZIP	SAN ANTONIO FL	2.4 CITY-ST-ZIP	SAN ANTONIO, Florida 33576
TITLE	TD	3.1 TITLE	VD
NAME	NEWLON, JOSEPH	3.2 NAME	Larry Barthle
STREET ADDRESS	13102 CURLEY RD	3.3 STREET ADDRESS	17231 Bellemg Blvd.
CITY-ST-ZIP	SAN ANTONIO FL	3.4 CITY-ST-ZIP	Dade City, Florida 33525
TITLE	D	4.1 TITLE	D
NAME	REEDY, PAT	4.2 NAME	Jeff Alston
STREET ADDRESS	34618 MISSION BELL RD	4.3 STREET ADDRESS	7441 Fort King Road
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	Zephyrhills, Florida 33541
TITLE	VD	5.1 TITLE	PD
NAME	GUDE, DAVID	5.2 NAME	DAVID Gude
STREET ADDRESS	16143 JESSAMINE RD.	5.3 STREET ADDRESS	16143 Jessamine Road
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	Dade City, Florida 33525
TITLE	D	6.1 TITLE	TD
NAME	CROSS, JIM	6.2 NAME	Jim Cross
STREET ADDRESS	39706 SUNBURST DR.	6.3 STREET ADDRESS	39706 Sunburst Drive
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	Dade City, Florida 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 119.07(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: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)