

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

1996 605-90



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

B-THAT-NC

mailed w/check 6/17/96

DOCUMENT # N44715 (3)

1. Corporation Name  
 NATIONAL COUNCIL OF YOUTH SPORTS, INC.



Principal Place of Business: 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696  
 Mailing Address: 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696

3. Date Incorporated or Qualified: 08/16/1991  
 3a. Date of Last Report: 02/15/1995

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

4. FEI Number: 62-1339470  
 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

9. Name and Address of Current Registered Agent  
 JOHNSON, JOSEPH F. Rutledge, Wanda  
 200 CASTLEWOOD DR.  
 SUITE 200  
 NORTH PALM BEACH FL 33408

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

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: *Abraham Key* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: JOHNSON, JOSEPH F. STREET ADDRESS: 200 CASTLEWOOD DR #200 CITY-ST-ZIP: N. PALM BCH FL	1.1 TITLE: Kelly Hill - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: Kelly Hill 1.3 STREET ADDRESS: POB 5076 1.4 CITY-ST-ZIP: Champaign, IL 61825
TITLE: DT <input type="checkbox"/> DELETE	NAME: KEY, ABRAHAM L. STREET ADDRESS: 300 CLARE DR., P.O. BOX 255 CITY-ST-ZIP: WASHINGTON PA	2.1 TITLE: Deb Turner - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: Deb Turner 2.3 STREET ADDRESS: 201 S. CAPITAL #505 2.4 CITY-ST-ZIP: Indianapolis, IN 46225
TITLE: D <input type="checkbox"/> DELETE	NAME: BUTLER, JON STREET ADDRESS: 920 TOWN CENTER DR I-25 CITY-ST-ZIP: LANGHORNE PA	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: DS <input type="checkbox"/> DELETE	NAME: PATRICK, DAVID STREET ADDRESS: 5301 S. 76TH ST. CITY-ST-ZIP: GREENDALE WI	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: DVP <input type="checkbox"/> DELETE	NAME: THOMPSETT, RAY STREET ADDRESS: 2050 N. PLANO RD., #100 CITY-ST-ZIP: RICHARDSON TX	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: P <input type="checkbox"/> DELETE	NAME: RUTLEDGE, WANDA STREET ADDRESS: 2100 GREENWOOD AVE CITY-ST-ZIP: TRENTON NJ	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: Wanda Rutledge 6.3 STREET ADDRESS: 200 Castlewood 6.4 CITY-ST-ZIP: N Palm Beach, FL 33408

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: *Abraham Key* Date: 6/17/96 Daytime Phone #: 407-225-1060

CR2E037 (3/96)