


2-18-97 B 2103 C
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Feb 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44715 (3)
 1. Corporation Name
 NATIONAL COUNCIL OF YOUTH SPORTS, INC.



Principal Place of Business Mailing Address
 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5696
 200 CASTLEWOOD DR. NORTH PALM BEACH FL 33408-5604

3. Date Incorporated or Qualified 08/16/1991
 3a. Date of Last Report 06/25/1996

2. Principal Place of Business
 21 116 ~~First Terrace~~ First Terrace
 Suite, Apt. #, etc. 22 SUITE 709
 City & State 23 Palm Beach Gardens FL
 Zip 24 33418 Country 25
 26a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 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
 7. 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. Sally Cunningham
 200 CASTLEWOOD DR. SUITE 200
 NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
 81 Name Sally Cunningham
 82 Street Address [P.O. Box Number is Not Acceptable] 116 First Terrace
 83 SUITE 709
 84 City Palm Beach Gardens FL 85 Zip Code 33418

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 *Sally S. Cunningham* 2-13-97
 Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOSEPH F.	
STREET ADDRESS	200 CASTLEWOOD DR #400	
CITY - ST - ZIP	N. PALM BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KEY, ABRAHAM L.	
STREET ADDRESS	300 CLARE DR., P.O. BOX 255	
CITY - ST - ZIP	WASHINGTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, JON	
STREET ADDRESS	920 TOWN CENTER DR I-25	
CITY - ST - ZIP	LANGHORNE PA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PATRICK, DAVID	
STREET ADDRESS	5301 S. 76TH ST.	
CITY - ST - ZIP	GREENDALE WI	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	THOMPSETT, RAY	
STREET ADDRESS	2050 N. PLANO RD., #100	
CITY - ST - ZIP	RICHARDSON TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUTLEDGE, WANDA	
STREET ADDRESS	2160 GREENWOOD AVE	
CITY - ST - ZIP	TRENTON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Deb Turner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	201 S. Capital Ave. #560	
1.3 STREET ADDRESS	Indianapolis IN	
1.4 CITY - ST - ZIP	46225	
2.1 TITLE	Kelly Hill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1209 W. Healey St.	
2.3 STREET ADDRESS	Champaign, IL	
2.4 CITY - ST - ZIP	61821	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *[Signature]* 1/28/97 41225/1060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CRE037 (9/96)