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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44715 (3)**  
1. Corporation Name  
**NATIONAL COUNCIL OF YOUTH SPORTS, INC.**



Principal Place of Business		Mailing Address	
116 FIRST TERRACE STE 709 PALM BCH GARDENS F 33418 US		260 CASTLEWOOD DR. NORTH PALM BEACH FL 33400-5606 <i>Same as principal Place of Business</i>	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25		30	

3. Date Incorporated or Qualified	08/16/1991
4. FEI Number	62-1339470
6. 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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SALLY CUNNINGHAM**  
116 FIRST TERRACE  
STE 709  
PALM BCH GARDENS FL 33418

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

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* **Abraham Key** DATE: 2/21/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEB TURNER	
STREET ADDRESS	201 G. CAPITOL AVE., #300	
CITY-ST-ZIP	INDIANAPOLIS IN	
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	2460 GREENWOOD AVE	
CITY-ST-ZIP	TRENTON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LARRY LAUDOLT	
1.3 STREET ADDRESS	Ledge Field	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: *Abraham Key* **Abraham Key** DATE: 2/21/98 724-225-1060

CFR2037 (10/97)