

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-15-1999 90009 027 \*\*\*\*\*61.25

**DOCUMENT # N44715**

1. Corporation Name

**NATIONAL COUNCIL OF YOUTH SPORTS, INC.**

Principal Place of Business

116 FIRST TERRACE  
 STE 709  
 PALM BEACH GARDENS FL 33418  
 US

Mailing Address

116 FIRST TERRACE  
 STE 709  
 PALM BEACH GARDENS FL 33418  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**62-1339470**

Applied For  
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **LANDOLT, LARRY**  
 STREET ADDRESS **LEDGEND FIELD**  
 CITY-ST-ZIP **TAMPA FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **DT**  DELETE  
 NAME **KEY, ABRAHAM L.**  
 STREET ADDRESS **300 CLARE DR., P.O. BOX 255**  
 CITY-ST-ZIP **WASHINGTON PA**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **BUTLER, JON**  
 STREET ADDRESS **920 TOWN CENTER DR I-25**  
 CITY-ST-ZIP **LANGHORNE PA**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **DS**  DELETE  
 NAME **PATRICK, DAVID**  
 STREET ADDRESS **5301 S. 76TH ST.**  
 CITY-ST-ZIP **GREENDALE WI**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **DVP**  DELETE  
 NAME **THOMPSETT, RAY**  
 STREET ADDRESS **2050 N. PLANO RD., #100**  
 CITY-ST-ZIP **RICHARDSON TX**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **RUTLEDGE, WANDA**  
 STREET ADDRESS **2160 GREENWOOD AVE**  
 CITY-ST-ZIP **TRENTON NJ**

6.1 TITLE  Change  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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Abraham L. Key*  
**ABRAHAM L. KEY**

1/25/99

Date

724-225-1060

Daytime Phone #

CR2E037 (1/98)