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APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000000822 (6)**

1. Corporation Name
MILL CREEK ORANGEDALE YOUTH SPORT, INC.

Principal Place of Business Mailing Address
5695 STATE ROAD 16 ST. AUGUSTINE FL 32092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/17/1994** 3a. Date of Last Report

4. FEI Number **59-3303305** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Same** 26 **Same**

5. Certificate of Status Desired **NO** \$8.75 Additional Fee Required

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
**BOWEN, KEITH
5695 STATE ROAD 16
ST. AUGUSTINE FL 32092**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------|
| TITLE | DP |
| NAME | BOWEN, KEITH |
| STREET ADDRESS | 5695 STATE ROAD 16 |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32092 |
| TITLE | DV |
| NAME | KINSEY, JODY |
| STREET ADDRESS | 8421 HARDWOOD LANDING RD. |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32092 |
| TITLE | DS |
| NAME | VINES, NANCY |
| STREET ADDRESS | 3745 JOE ASHTON ROAD |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32092 |
| TITLE | DT |
| NAME | HIGGINS, DENNIS |
| STREET ADDRESS | 10692 QUAIL RIDGE DR. |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32095 |
| TITLE | D |
| NAME | AUSTIN, DON |
| STREET ADDRESS | CROOKED CREEK LANE |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32095 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Kinsey, Jody |
| 2.3 STREET ADDRESS | 8421 Hardwood Landing Rd. |
| 2.4 CITY - ST - ZIP | ST. AUGUSTINE, FL 32092 |
| 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | DT Wells, Eugene |
| 4.3 STREET ADDRESS | 2675 Joe Ashton Rd |
| 4.4 CITY - ST - ZIP | ST. AUGUSTINE, FL 32092 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DV Gizzard, BoB |
| 5.3 STREET ADDRESS | 5154 Farm Creek Rd |
| 5.4 CITY - ST - ZIP | ST. AUGUSTINE, FL 32092 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(3)(4), 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: **Eugene Wells, Eugene Wells** 25 April 95 904-829 3234