


5.8-97 B- 6724-C
FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000822 (6)
 1. Corporation Name
MILL CREEK ORANGEDALE YOUTH SPORT, INC.



Principal Place of Business 2675 JOE ASHTON RD., #B ST. AUGUSTINE FL 32092	Mailing Address 2675 JOE ASHTON RD., #B ST. AUGUSTINE FL 32092-2503
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3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Report 05/10/1996
4. FEI Number 59-3303305	Applied For <input type="checkbox"/> Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
WELLS, EUGENE
2675 JOE ASHTON RD., #B
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 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: *Eugene Wells* D.T. **Feb. 3, 1997**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GIZZARD, BOB	
STREET ADDRESS	5145 FARM CREEK RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGESS, ERWIN	
STREET ADDRESS	4040 SR 18	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VINES, NANCY	
STREET ADDRESS	3745 JOE ASHTON ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WELLS, EUGENE	
STREET ADDRESS	2675 SO EAST ASHTON RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GIZZARD, BOB	
STREET ADDRESS	5154 FARM CREEK RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREWS, JESSE A	
STREET ADDRESS	3085 CR 13 A NO.	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Torrence	
1.3 STREET ADDRESS	8713 RIVER PARK RD.	
1.4 CITY-ST-ZIP	Orangedale, Fla. 32092	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vicki Moody	
2.3 STREET ADDRESS	8430 moody canal 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 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: *Eugene Wells* **Feb. 3, 1997** 904 828-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001612

CR2E037 (9/96)