

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001606 (2)

1. Corporation Name

MELROSE YOUTH SPORTS ASSOICATION, INC.



Principal Place of Business

Mailing Address

303 SR 26
(SR 26)
MELROSE FL 32666
US

303 SR 26
(SR 26)
MELROSE FL 32666
US

3. Date Incorporated or Qualified
03/31/1994

3a. Date of Last Report
06/28/1995

4. FEI Number
59-3238900

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**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, ROSELLEN V
303 SR 26
MELROSE FL 32666

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 PD DELETE
NAME **ALSOBROOK, ALREN P**
STREET ADDRESS **P O BOX 1063 NA**
CITY - ST - ZIP **MELROSE FL**

1.1 TITLE Change Addition
1.2 NAME **ALSOBROOK, LAUREN P.**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VPD DELETE
NAME **HENDERSON, ROSELLEN V**
STREET ADDRESS **RT 2 BOX 212C**
CITY - ST - ZIP **HAWTHORNE FL**

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

TITLE SD DELETE
NAME **COBURN, C ATHERINE H**
STREET ADDRESS **P O BOX 904NA**
CITY - ST - ZIP **MELROSE FL**

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

TITLE T DELETE
NAME **GASSAWAY, IRIS**
STREET ADDRESS **RT 2 BOX**
CITY - ST - ZIP **HAWTHORE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **Route 2 Box 388 B**
4.4 CITY - ST - ZIP **Hawthorne, FL 32640**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lauren P. Alsobrook President

(352) 475-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELROSE

Date

Day/In Phone #

CR2E037 (12/95)