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Feb 23, 1999 8:00 am
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02-23-1999 90059 012 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000000295

1. Corporation Name

SAWGRASS YOUTH SPORTS OPTIMIST, INC.

Principal Place of Business

11951 NW 31ST STREET
SUNRISE FL 33323

Mailing Address

11951 NW 31ST STREET
SUNRISE FL 33323



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/16/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0635711

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORRAS, ANTHONY B ESQ.
1888A NO. UNIVERSITY DRIVE
PLANTATION FL 33322

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 CD DELETE
NAME PRITCHARD, SHIRLEY
STREET ADDRESS 11951 NW 31ST STREET
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE PD DELETE
NAME JANSEN, JAN
STREET ADDRESS 11411 NW 32 PL
CITY-ST-ZIP SUNRISE FL

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

TITLE CD DELETE
NAME PRITCHARD, DALE
STREET ADDRESS 11951 NW 31 ST
CITY-ST-ZIP SUNRISE FL

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

TITLE TDSD DELETE
NAME COYNE, MARIE
STREET ADDRESS 11155 NW 26 ST
CITY-ST-ZIP SUNRISE FL

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

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 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, with all other like empowered.

SIGNATURE: Dale Pritchard REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

(954) 246-3823

Daytime Phone #

CR2E037 (1/198)