


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 725685 (2)

1. Corporation Name
SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.



Principal Place of Business 113TH STREET POST OFFICE BOX 3314 SEMINOLE FL 34642	Mailing Address 113TH STREET POST OFFICE BOX 3314 SEMINOLE FL 33775-3314
---	--

3. Date Incorporated or Qualified 02/28/1973	3a. Date of Last Report 12/06/1996
4. FEI Number 59-1462643	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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KEMPT, STEPHEN
7689 132ND N.
SEMINOLE FL 34642**

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: *Stephen Kemp* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEMP, STEPHEN	
STREET ADDRESS	7689 132ND STREET N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	BPD	<input checked="" type="checkbox"/> DELETE
NAME	DIEM, BOB	
STREET ADDRESS	10080 TEMPLE AVE.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, JUDY A.	
STREET ADDRESS	11772 SAREE COURT	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POYNTER, BONNIE J	
STREET ADDRESS	14466 MOORING DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	John Chappie, V.P.	<input type="checkbox"/> DELETE
NAME	11301 Bella Loma Dr. (D)	
STREET ADDRESS	Seminole, FL 33776	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

John Chappie, V.P. 8/30/97 813-593-

CR2E037 (9/96)