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Feb 22, 1999 8:00 am
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02-22-1999 90103 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 763657

1. Corporation Name

NORTH PALM BEACH YOUTH ATHLETIC ASSOCIATION, INC

Principal Place of Business PO BOX 14682 NORTH PALM BEACH FL 33408

Mailing Address PO BOX 14682 NORTH PALM BEACH FL 33408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 06/14/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2220973

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 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

ANDRES, THOMAS B CPA 772 US HWY 1 NORTH PALM BEACH FL 33408

81 Name PAUL SMYTH C.P.A. 82 Street Address 712 U.S. HWY 1 83 Suite 210 84 City North Palm Beach FL 85 Zip Code 33408

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 Karl F Smyth CPA

1-7-99

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 JOHNSON, MICHAEL STREET ADDRESS 960 LAUREL RD. CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE VPD [] DELETE NAME EISSEY, MARK STREET ADDRESS 725 LAGOON DR. CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE TD [] DELETE NAME MIDDLETON, LISA STREET ADDRESS 155 EBBTIDE DR. CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE SD [] DELETE NAME MIDDLETON, ELWYN STREET ADDRESS 155 EBBTIDE DR. CITY-ST-ZIP NORTH PALM BEACH FL 33408

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: Ysaquiel M. [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/98 561-842-2239

CR2E037 (1/198)