

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90103 026 ****61.25

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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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/14/1982

4. FEI Number

59-2220973

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PAUL SMYTH ~~ANDRES, THOMAS B CPA~~ C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
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

Paul 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

TITLE PD ☐ DELETE
NAME JOHNSON, MICHAEL
STREET ADDRESS 960 LAUREL RD.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: *Ysaac M. [Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/98 561-842-2239

CR2E037 (11/98)