

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763894

1. Corporation Name

WILLISTON YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business

U.S. HWY. 41 S
WILLISTON FL

Mailing Address

P.O. BOX 505
WILLISTON FL 32696



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/24/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2237876	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent

FUGATE, NORM D ATT
444 NW MAIN STREET
SUITE ONE
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, MARIE	1.2 NAME	
STREET ADDRESS	131 S. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, ERIK	2.2 NAME	
STREET ADDRESS	P.O. BOX 610	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WAYNE	3.2 NAME	
STREET ADDRESS	307 N.E. 10TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DENISE	4.2 NAME	
STREET ADDRESS	P.O. BOX 575 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, LINDA	5.2 NAME	
STREET ADDRESS	15491 N.E. 30TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGALL, DARLENE	6.2 NAME	
STREET ADDRESS	18950 S.E. 2ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	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:

ERIK BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

352 5286435

Date

Daytime Phone #

CR2E037 (11/98)