


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90167 013 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 767209**

1. Corporation Name

**DOVER COWBOYS YOUTH ACTIVITIES, INC.**

Principal Place of Business

S. GALLAGHER ROAD  
DOVER FL 33527

Mailing Address

P.O. BOX 1787  
DOVER FL 33527



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/23/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2388052	
24 Country		30 Country		5. Certificate of Status Desired	
				X \$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

FISHER, TERRI  
14401 WALDEN SHEFFIELD ROAD  
DOVER FL 33527

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

*Terri Fisher*

Terri Fisher

3-25-99

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	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, MICHAEL L	1.2 NAME	Jessie Staggs
STREET ADDRESS	14401 WALDEN SHEFFIELD RD	1.3 STREET ADDRESS	14336 Clinton Street
CITY-ST-ZIP	DOVER FL	1.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, RANDY	2.2 NAME	
STREET ADDRESS	3214 MOORES LAKE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYSE, RENEE	3.2 NAME	
STREET ADDRESS	502 LIMWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, GINA	4.2 NAME	Michael E. Fisher
STREET ADDRESS	3803 S MINDEDAHL	4.3 STREET ADDRESS	14401 Walden Sheffield Road
CITY-ST-ZIP	PLANT CITY FL 33567	4.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, TERESA	5.2 NAME	
STREET ADDRESS	3214 MOORES LAKE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGGS, DIANE	6.2 NAME	
STREET ADDRESS	4638 BETHLEHEM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	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:

*Teresa D. Proctor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA D. PROCTOR

Date

(813) 659-0999

Daytime Phone #

CR2E037 (11/98)