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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N09229 (8)

1. Corporation Name
EAGLE YOUTH SPORTS, INC.

Principal Place of Business	Mailing Address
481 EAGLE CIRCLE (CASSELBERRY 32707) PO BOX 300021 FERN PARK FL 32730-0021	481 EAGLE CIRCLE (CASSELBERRY 32707) PO BOX 300021 FERN PARK FL 32730-0021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1985
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-2552000 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

ANDERSON, NORMA
3960 BISCAYNE DR
WINTER SPGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Denise M. Bower
82 Street Address (P.O. Box Number is Not Acceptable): 863 Sheoah Circle
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Denise M. Bower Denise M. Bower 2/28/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STROHM, PAUL	1.2 NAME	
STREET ADDRESS	481 EAGLE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	same
TITLE	VPD	2.1 TITLE	VP ☑ Change ☑ Addition
NAME	FERNER, KEVIN	2.2 NAME	Mike Julian
STREET ADDRESS	1524 CROSSBEAM DR W	2.3 STREET ADDRESS	1522 Crossbeam Cr. W.
CITY-ST-ZIP	CASSELBERRRY FL	2.4 CITY-ST-ZIP	Casselberry, FL. 32707
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	ANDERSON, NORMA	3.2 NAME	Sandy Sullivan
STREET ADDRESS	3960 BISCAYNE DR.	3.3 STREET ADDRESS	435 Lancelot Way 32707
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Casselberry, FL
TITLE	TD	4.1 TITLE	TD ☐ Change ☑ Addition
NAME	OLIVERI, TONY	4.2 NAME	Denise M Bower
STREET ADDRESS	200 ECHO HOLLOW WAY	4.3 STREET ADDRESS	863 Sheoah Circle
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	Winter Springs Fla 32708
TITLE	PD	5.1 TITLE	PD ☑ Change ☐ Addition
NAME	SAMS, DOUG	5.2 NAME	Gene Elmore
STREET ADDRESS	2347 MARKINGHAM RD	5.3 STREET ADDRESS	618 Sunrise Ave
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	Winter Springs Fla 32708
TITLE	VP	6.1 TITLE	VP ☐ Change ☑ Addition
NAME	BERNSTEIN, BOB	6.2 NAME	Mike Hayden
STREET ADDRESS	1509 MERIVALE DR	6.3 STREET ADDRESS	368 Nicholson Dr.
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	Winter Park Fla 32792

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Denise M. Bower 2/28/95 407-423-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENISE M. BOWER

0031465