FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 05/10/1985
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 PO Box 195161	26 PO Box 195161
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Springs Flg	28 City & State: Winter Springs Flg
24 Zip: 32719-5161 25 Country: USA	29 Zip: 327195161 30 Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BOWER, DENISE M.
863 SHEOAH CIR
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): 102 BROOKSHIRE CT
83
84 City: Winter Springs FL 85 Zip Code: 32708

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: Denise M Bower Denise M Bower 4/30/96
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	☐ DELETE	1.1 TITLE	Commissioner	☐ Change ☑ Addition
NAME	STROHM, PAUL		1.2 NAME	Michael Julian	
STREET ADDRESS	481 EAGLE CIRCLE		1.3 STREET ADDRESS	1522 Crossbeam Circle	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP	Casselberry Flg	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	JULIAN, MIKE		2.2 NAME	JOHN Sullivan	
STREET ADDRESS	1522 CROSSBAMM CIR W		2.3 STREET ADDRESS	1136 Lancelot Way 1888 Meadowgold Lane	
CITY-ST-ZIP	CASSELBERRRY FL		2.4 CITY-ST-ZIP	Casselberry Flg Winter Park Flg 32792	
TITLE	SD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	SULLIVAN, SANDY		3.2 NAME		
STREET ADDRESS	1135 LANCELOT WAY		3.3 STREET ADDRESS	1888 Meadowgold Lane	
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP	Winter Park Flg 32792	
TITLE	TD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	BOWER, DENISE M.		4.2 NAME		
STREET ADDRESS	863 SHEOAH IR		4.3 STREET ADDRESS	102 Brookshire Ct	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	Winter Springs Flg 32708	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELMORE, GENE		5.2 NAME		
STREET ADDRESS	618 SUNRISE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	6.1 TITLE	VP	☐ Change ☑ Addition
NAME	HAYDEN, MIKE		6.2 NAME	Guenter Sommer	
STREET ADDRESS	3068 NICHOLSON DR		6.3 STREET ADDRESS	Box 607308	
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP	Orlando Flg 32860	

CR2E037 (12/95)

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 4/30/96 407 2450010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #