FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36261 (8)

1. Corporation Name
JENSEN BEACH YOUTH ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LAWRENCE E. CRARY III 555 S.W. COLORADO AVE., SUITE 1 STUART FL 34994	C/O LAWRENCE E. CRARY III 555 S.W. COLORADO AVE., SUITE 1 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1990
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0112439 ☐ 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	2a. Mailing Address
21	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

CRARY, LAWRENCE E. III
555 S.W. COLORADO AVENUE
SUITE 1
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: 900014254795 -03/10/95--01056--016 *****61.25 *****61.25
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	INGRAHAM, ERIC	1.2 NAME	
STREET ADDRESS	1095 NE OCEANVIEW CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	WADDEN, BRENT	2.2 NAME	
STREET ADDRESS	1098 NE RUBIN AVE	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	BROCHYUS, DEBRA	3.2 NAME	Delete
STREET ADDRESS	2039 NE GINGER TER.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	WARON, DAN	4.2 NAME	BRUCE SOMERS
STREET ADDRESS	304 ELM TER,	4.3 STREET ADDRESS	1087 N.E. QUINN PL
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	D	5.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	PRATT, CONNIE	5.2 NAME	KEN NORMAN
STREET ADDRESS	P.O. BOX 3050 N/A	5.3 STREET ADDRESS	2875 N.E. TIMBERLANE CT
CITY-ST-ZIP	JENSEN BEACH FL 34958	5.4 CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DEROSTAING, ARTHUR	6.2 NAME	3/8/95 MST
STREET ADDRESS	2429 NE 18TH CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	

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: _____ 3/1/95 334.55
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
ERIC INGRAHAM

0020020