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 # N38327

1. Corporation Name
High Springs Youth Sports Association, Inc.

Principal Place of Business	Mailing Address
High Springs, FL	P.O. Box 1856 High Springs, FL 32655

3. Date Incorporated or Qualified: May 24, 1990
3a. Date of Last Report: 1-23-95

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

4. FEI Number: 59-3071705 ☐ 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

Tina Hoffman
19803 NW 138th Ave
Alachua, FL 32616

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
D-	President Robin True P.O. Box 1012 High Springs 32655		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS → 110 S Main St. 1.4 CITY-ST-ZIP	
D-	Vice President EYvonne Andrews 120 S. E. Williams St. High Springs, FL 32655	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
D/S	Secretary / Treasurer Tina Hoffman P.O. Box 1806 Alachua, FL 32616	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS → 19803 NW 138th Ave. (cannot mail here) 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
D	Recreation Director Wayne Bloodsworth City Hall of High Springs High Springs, FL 32655	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS → 1035 N.W. Barcelona Drive 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 500001783425 -04/17/96--01022--002 ***70.00

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)(k), 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: Tina Hoffman 2-17-96 904-462-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tina Hoffman SG 4-16-96