FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

appears in Block 12 or Block 13

N49101

(1)

Mailing Address

IAMEAT.	MALLIBIA	BALIAE	ATLU CTIO	LEAGUE	MIA
WEST	VULUSIA	PULICE	ATHLETIC	LEAGUE.	INU.

200 WEST VERMONT AVE DELAND FL 32720 US		PO BOX 569 DELAND FL 32721-0569 US				·			
					3. Date Incorporated or Qualified 05/27/1992	3a. Date of Last I 02/29/19	Report 1 96		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For		
21		26	26		59-3148576	N	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired		
City & State)	City & State			6. Election Campaign Financing		May Be		
23			28		Trust Fund Contribution		to Fees		
Zip	Country	Zip	Country	′	· · · · · · · · · · · · · · · · · · ·	ity for intangible tax under s. 199.032,			
25 29 30 30 9. Name and Address of Current Registered Agent			[30]	Florida Statutes LI Yes LI No 10. Name and Address of New Registered Agent					
	5, Italia ata Addies di Cali	our negliatored Agent	81	Name		Mistered Wall			
BLAIS, S	TEDHEN					 			
	GRAND AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	FL 32720		83						
DEDVID	TE OLITE		84	City		85 Zip	Code		
4.5	10	500 1042 4500 51-21-01-1		L		FL W			
office or re	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 617.1508, Florida Statu ite of Florida Such change was ligations of Section 617.0503, Fl	tes, the abov authorized b orida Statute	e-name: y the co	d corporation submits this statement for the proporation's board of directors. I hereby acceptions	ourpose of changing pt the appointment a	its registered s registered		
SIGNATURE			0.700 0101010	•					
	Signature, lyped or printed name of registered	agent and title if applicable. (NO	E: Registered Ap	eni signatu	e required when reinstating)	DATE			
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	D	▼ DELETE	1.1 TATLE		D	Change	X Addition		
NAME	DOWNS, AL	·	1.2 NAME		REEVES, EARL				
STREET ADDRESS	1913 LADY BUG LANE		1.3 STREET	ADDRESS	123 W. INDIANA AVE.				
CITY - S1 - ZIP	DELAND FL		1.4 C/TY-	ST-ZIP	DELAND, FL 32720				
TITLE	V	☐ DELETE	21 TITLE			Change	Addition		
NAME	RAK, MARTY		22 NAME						
STREET ADDRESS	3063 ENERPRISE ROAD, S	TE 31	2.3 STREET	ADDRESS					
CITY-ST-ZIP	DEBARY FL		2. 4 CITY	ST-ZIP					
TITLE	P PRINT I I	☐ DELETE	3.1 TITLE			Change	Addition		
NAME	FORD, FRANK A. JR		3.2 NAME						
STREET ADDRESS	145 E RICH AVE		1	r address					
CITY - ST - ZIP	DELAND FL	I Devere	3.4. CITY-	ST-ZIP			F 1 4 4 4 1 1 1 1		
TITLE	S STEDUEN	☐ DELETE	4.1 TITLE			☐ Change	Addition		
NAME	BLAIS, STEPHEN	11 tP	4. 2 NAME						
STREET ADDRESS	4168 NORTH GRAND AVEN	IUE	4.3 STREET	ADDRESS					
CHTY-ST-ZIP	DELAND FL	[7] KF, F++	4.4 CiTY - 1	ST-ZIP		T 1 Ac.	# 4 J J J J J		
TITLE	T	☐ DELETE	5.1 TITLE			Change	Addition		
NAME	DILLIGARD, LARRY		5.2 NAME						
STREET ADDRESS	400 SPRING GARDEN AVE			r address					
CITY-SI-ZIP	DELAND FL		5.4 CiTY-	ST-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME	QUICK, WALTER		6.2 NAME						
STREET ADDRESS	1300 S WOODLAND BOUL	EVARD	6.3 STREET	F ADDRESS					

6.4 CiTY-ST-ZIP

14. I do 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 justee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name