


FILE NOW: FILING FEE IS \$61.25

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Sep 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50814 (5)**  
1. Corporation Name  
**CITRUS COUNTY YOUTH SPORTS COUNCIL, INC.**



Principal Place of Business <b>434 N. VENTURI AVE. CRYSTAL RIVER FL 34429</b>	Mailing Address <b>P.O. BOX 774 LEGANTO FL 34460-0774</b>
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3. Date Incorporated or Qualified <b>09/11/1992</b>	3a. Date of Last Report <b>07/08/1996</b>
4. FEI Number <b>59-3145507</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
<b>BANDHAUER, DIANNA S. 434 N. VENTURI AVE. CRYSTAL RIVER FL 34429</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BANDHAUER</b>
STREET ADDRESS	<b>434 N VENTURI AVE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>PALMER, JILL</b>
STREET ADDRESS	<b>809 E. VINE ST</b>
CITY-ST-ZIP	<b>INVERNESS FL 34451</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>HOKI, ROBERT</b>
STREET ADDRESS	<b>919 W MASSACHUSETTS ST</b>
CITY-ST-ZIP	<b>HERNANDO FL</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE
NAME	<b>POMBIER, MICHAEL K.</b>
STREET ADDRESS	<b>3220 S ARUNDEL TERR</b>
CITY-ST-ZIP	<b>HOMOSASSA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET 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 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 *Dianna S. Bandhauer* **352**

CR2E037 (9/96)