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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000244 (5)**

1. Corporation Name

GREATER CENTRAL FLORIDA YOUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

**237 MORTON LANE
WINTER SPRINGS FL 32708**

**P.O. BOX 568873
ORLANDO FL 32856-8873**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1992		3a. Date of Last Report 05/01/1996	
21 4042 Laurel Branch Ln		27		4. FEI Number 59-3132871		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Orlando FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32817		25 USA		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**LEIGH, RICHARD A
39 WEST PINE STREET
ORLANDO FL 32801**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MILLS, BOB	1.2 NAME	KEN RAUE
STREET ADDRESS	237 MORTON LANE	1.3 STREET ADDRESS	4042 LAUREL BRANCH LN
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	ORLANDO FL 32817
TITLE	VD	2.1 TITLE	VD
NAME	LILLY, STEVE	2.2 NAME	Bob Bradford
STREET ADDRESS	1550 ARMONE STREET	2.3 STREET ADDRESS	110 E HOLLY DR
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	ORANGE CITY FL 32763
TITLE	TD	3.1 TITLE	TD
NAME	CADLE, BOB	3.2 NAME	Wanda Whitten
STREET ADDRESS	1521 SUNSET DRIVE	3.3 STREET ADDRESS	6853 TAMARIND CIR
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	SD	4.1 TITLE	SD
NAME	BRADFORD, BOB	4.2 NAME	Beth yoke
STREET ADDRESS	110 EAST HOLLY DRIVE	4.3 STREET ADDRESS	891 Arapho Trail
CITY-ST-ZIP	ORANGE CITY FL 32763	4.4 CITY-ST-ZIP	Maitland FL 32751
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Wanda Whitten **3-1-97** **(407) 872-6690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018031

CR2E037 (9/96)