

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90010 015 ****70.00

DOCUMENT # N92000000244

1. Corporation Name

GREATER CENTRAL FLORIDA YOUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

4042 LAUREL BRANCH LANE 8239 Deming Dr P.O. BOX 568873
ORLANDO FL 32812 ORLANDO FL 32856-8873
US ORlando FL 32825



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8239 Deming Dr	26 Suite, Apt. #, etc.	11/05/1992
22 ORlando	27 City & State	4. FEI Number
23 FL	28 Zip	59-3132871
24 32825	29 Country	Applied For
25 US	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
GREEN, ROBERT		6. Election Campaign Financing
2563 FIFESHIRE DRIVE		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
WINTER PARK FL 32792		

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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	RAUE, KEN	1.2 NAME	Majid Alvarian
STREET ADDRESS	4042 LAUREL BRANCH LANE	1.3 STREET ADDRESS	8239 Deming Dr
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	VPD	2.1 TITLE	
NAME	BRADFORD, BOB	2.2 NAME	
STREET ADDRESS	110 E. HOLLY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	GREEN, ROBERT	3.2 NAME	Ken Raue
STREET ADDRESS	2563 FIFESHIRE DRIVE	3.3 STREET ADDRESS	4042 Laurel Branch Lane
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	ORLANDO FL 32817
TITLE	SD	4.1 TITLE	SD
NAME	YOHE, BETH	4.2 NAME	Jackie Alvarian
STREET ADDRESS	891 ARAPHO TRAIL	4.3 STREET ADDRESS	8239 Deming Dr
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	ORLANDO FL 32825
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Alvarian 8/16/99

407-521-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)