

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # **N93000001598 (2)**

1. Corporation Name

YOUTH SPORTS CULTURAL PROGRAM, INCORPORATED



Principal Place of Business	Mailing Address
450 WHITNEY ST DAYTONA BEACH FL 32114	450 WHITNEY ST DAYTONA BEACH FL 32114-4789

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 132 Rosebank Rd.
22 City & State	27 Daytona Beach, FL
23 Zip	28 32114
24 Country	29 USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REGINALD BEVERLY 207 HOWARD STREET NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent
81 Name Kim Brown-Crawford
82 Street Address (P.O. Box Number is Not Acceptable) 132 Rosebank Rd.
83 City Daytona Beach
84 State FL
85 Zip Code 32114

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 *Kim Brown-Crawford* **Kim Brown-Crawford** **4/28/97**
(NOTE: Registered Agent signature required when relating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANDLER, WES	
STREET ADDRESS	120 WINGFOOT CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32113	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	84 HUDSON ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEVERLY, REGINALD	
STREET ADDRESS	207 HOWARD AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSS, STEPHANIE	
STREET ADDRESS	548 WESTMORELAND ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMALL, MORRIS	
STREET ADDRESS	11307 CADILLAC DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
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 *Kim Brown-Crawford* **Kim Brown-Crawford** **4/29/97** **(904) 258-2735**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)