FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000003600 (4)

1. Corporation Name

SOUTH BAY YOUTH LEAGUE PROGRAM INC.

Principal Place of Business	Mailing Address
2800 ILEX CT. SOUTH BAY FL 33493	2800 ILEX CT SOUTH BAY FL 33493

3. Date Incorporated or Qualified: 08/09/1993	3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0367131	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business (21) Suite, Apt. # etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. # etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DAVIS, DOROTHY J
2800 ILEX CT.
SOUTH BAY FL 33493

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0503, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	DAVIS, DOROTHY J	NAME	
STREET ADDRESS	2800 ILEX CT.	STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493	CITY-ST-ZIP	
TITLE	DV	TITLE DV	Vice President = DV [✓] Change [ ] Addition
NAME	RODRIGUEZ, SANTOS	NAME	Ana Mendoza
STREET ADDRESS	P.O. BOX 541 N/A	STREET ADDRESS	200 S.E. 2nd Avenue
CITY-ST-ZIP	BELLE GLADE FL 33430	CITY-ST-ZIP	South Bay, FL 33493
TITLE	DT	TITLE	[ ] Change [ ] Addition
NAME	YOUNG, MAMIE 2 45 NW 3	NAME	
STREET ADDRESS	RD AVE.	STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33495	CITY-ST-ZIP	
TITLE	DS	TITLE DS	Secretary = DS [✓] Change [ ] Addition
NAME	DAVIS, ALLEN	NAME	Dorothy J. Pinkston
STREET ADDRESS	165 HARRELL DR.	STREET ADDRESS	641 N.W. 14th street, Apt. #1
CITY-ST-ZIP	SOUTH BAY FL	CITY-ST-ZIP	Belle Glade, FL 33430
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/28/95 407-996-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051857