

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003600 (4)

1. Corporation Name

SOUTH BAY YOUTH LEAGUE PROGRAM INC.

Principal Place of Business

2800 ILEX CT.
SOUTH BAY FL 33493

Mailing Address

2800 ILEX CT.
SOUTH BAY FL 33493



3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

05/01/1995

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

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 Number is Not Acceptable)

83

84 City

FL

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

TITLE

DP

☐ DELETE

NAME

DAVIS, DOROTHY J

STREET ADDRESS

2800 ILEX CT.

CITY - ST - ZIP

SOUTH BAY FL 33493

TITLE

DVVP

☐ DELETE

NAME

MENDOZA, ANA

STREET ADDRESS

200 SE 2ND AVENUE

CITY - ST - ZIP

SOUTH BAY FL

TITLE

DT

☐ DELETE

NAME

YOUNG, MAMIE 2 45 NW 3

STREET ADDRESS

RD AVE.

CITY - ST - ZIP

SOUTH BAY FL 33495

TITLE

DS

☐ DELETE

NAME

PINKSTON, DOROTHY J

STREET ADDRESS

641 NW 14TH STREET, APT. 1

CITY - ST - ZIP

BELLE GLADE FL

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(k), 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:

Dorothy J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

561-996-4092

CR2E037 (3/96)