

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

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

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SOUTH BAY FL 33493

3. Date Incorporated or Qualified

08/09/1993

4. FEI Number

65-0367131

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 7126

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ALLEN
210 SW 4TH AVENUE
SOUTH BAY FL 33493

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DAVIS, DOROTHY J
STREET ADDRESS 2800 ILEX CT.
CITY-ST-ZIP SOUTH BAY FL 33493

☐ DELETE

TITLE DVP
NAME MATHIS-GEORGE, DEBORAH
STREET ADDRESS 1802 HIBISCUS COURT
CITY-ST-ZIP SOUTH BAY FL

☒ DELETE

TITLE DT
NAME YOUNG, MAMIE 2 45 NW 3
STREET ADDRESS RD AVE.
CITY-ST-ZIP SOUTH BAY FL 33495

☐ DELETE

TITLE DS
NAME DAVIS, GLENDA
STREET ADDRESS 1402 JASMINE COURT
CITY-ST-ZIP SOUTH BAY FL

☐ DELETE

TITLE DVP
NAME WADE, VIVIAN
STREET ADDRESS 2301 ILEX COURT
CITY-ST-ZIP SOUTH BAY FL

☐ DELETE

TITLE D
NAME MOORE, PEARLIE M
STREET ADDRESS 715 MHP, LOT 147
CITY-ST-ZIP BELLE GLADE FL

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Address

1.3 STREET ADDRESS 210 S.W. 4th Avenue
1.4 CITY-ST-ZIP South Bay, FL 33493

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/23/98

Date

(561) 996-4217

Daytime Phone #

CR2E037 (5/98)