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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003600

1. Corporation Name

SOUTH BAY YOUTH LEAGUE PROGRAM INC.

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

Mailing Address

P.O. BOX 7126 SOUTH BAY FL 33493

FILED Jan 29, 1999 8:00 am § Secretary of State

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|--|------|---|------|---|-----|

| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | Date Incorporated or Qualifed | | | |
|-----------------|--|---------------------------------|---------------|-------------------|---|--------------------|------------|--|
| | | 26 | | | 08/09/1993 | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number | Apı | lied For | |
| 22 | | 27 | | | 65-0367131 | No | Applicable | |
| City & State | 9 | City & State | | | 5. Certifcate of Status Desired | \$8.75 A Fee Re | | |
| Zip | Country | Zip | Country | / | 6. Election Campaign Financing | \$5.00 | May Be | |
| 24 25 29 | | | 0 | | Trust Fund Contribution | Added to | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered A | gent | | |
| | | | 81 | Name | | | | |
| DAVIS, AL | IFN | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | <u>-</u> | |
| | TH AVENUE | | 02 | 3110017 | duless (F.O. Box Humbor is Hot / isospinsor) | _ | | |
| | AY FL 33493 | | 83 | | | | | |
| 0001110 | W. 12 33 133 | | 84 | City | FL | 85 Zip C | ode . | |
| 2.3 | | | | | | | + // | |
| office or re | to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation | f Florida. Such change was autt | nonzed by | tne corpoi | corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint | manging its | istered | |
| SIGNATURE | Signature, typed or printed name of registered agent | MOTE D | agistared Age | nt ninnah da ra | quired when reinstating) DATE | | · | |
| 12. | OFFICERS AND | | 13. | iii signatura re- | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTO | RS IN 12 | |
| TITLE | DP OFFICERS AND | DELETE | 1.1 TITLE | - | 2.75 | Change | Addition | |
| NAME | DAVIS, DOROTHY J | <u> </u> | 1.2 NAME | j | • | | _ | |
| ł | 210 S.W. 4TH AVE | | • | TADDRESS | | | | |
| STREET ADDRESS | SOUTH BAY FL 33493 | | | 1 | · | | | |
| CITY-ST-ZIP | DT | ☐ DELETE | 1.4 CITY-5 | 51-ZIP | | Change | Addition | |
| TITLE | YOUNG, MAMIE 2 45 NW 3 | C) Decere | 2.2 NAME | | | | | |
| NAME | RD AVE. | | l. | T 4000500 | | | | |
| STREET ADDRESS | | | į. | TADDRESS | •• | | | |
| CITY-ST-ZIP | SOUTH BAY FL 33495 | ☐ DELETE | 2. 4 CITY- | ST-ZIP | | Change | Addition | |
| TITLE | DS DAVIC CLENDA | □ DECE IE | 1 | | | | | |
| NAME | DAVIS, GLENDA | | 3.2 NAME | | | • | | |
| STREET ADDRESS | 1402 JASMINE COURT | | | TADDRESS | | | | |
| CITY-ST-ZIP | SOUTH BAY FL | □ prietr | 3.4. CITY- | ST-ZIP | ··· | Change | Addition | |
| TITLE | DVP | DELETE | 4.1 TITLE | | · | TI cutanila | | |
| NAME | WADE, VIVIAN | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 2301 ILEX COURT | | | TADDRESS | | 1. 1. 19 | | |
| CITY-ST-ZIP | SOUTH BAY FL | F-1 | 4.4 CITY-S | ST-ZIP | · Parion | Change | Addition | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition | |
| NAME | MOORE, PEARLIE M | | 5.2 NAME | | | | , . | |
| STREET ADDRESS | 715 MHP, LOT 147 | | | TADDRESS | , | | | |
| CITY-ST-ZIP | BELLE GLADE FL | | 5.4 CITY-S | ST-ZIP | | - | | |
| TITLE | • | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition | |
| NAME | · | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | - 1 | |
| CITY-ST-ZIP | | | 6.4 CITY-S | ST-ZIP | | | | |

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 of 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 chapted, of on an attachment with an address, with all other like empowered.

SIGNATURE: