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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003600

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
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/09/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0367131

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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 ☐ DELETE

**DP
DAVIS, DOROTHY J
210 S.W. 4TH AVE
SOUTH BAY FL 33493**

1.1 TITLE ☐ Change ☐ Addition

**DT
YOUNG, MAMIE 2 45 NW 3
RD AVE.
SOUTH BAY FL 33495**

1.2 NAME

TITLE ☐ DELETE

**DS
DAVIS, GLENDA
1402 JASMINE COURT
SOUTH BAY FL**

1.3 STREET ADDRESS

**DVP
WADE, VIVIAN
2301 ILEX COURT
SOUTH BAY FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL**

2.2 NAME

TITLE ☐ DELETE

**D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL**

2.3 STREET ADDRESS

TITLE ☐ DELETE

**D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D
MOORE, PEARLIE M
715 MHP, LOT 147
BELLE GLADE FL**

3.1 TITLE ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone

CR2E037 (11/98)