

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005629 (1)

1. Corporation Name

NATIONAL YOUTH SPORTS COACHES ASSOCIATION, INC.



Principal Place of Business

**2050 VISTA PARKWAY
WEST PALM BEACH FL 33411
US**

Mailing Address

**2050 VISTA PARKWAY
WEST PALM BEACH FL 33411
US**

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 2050 Vista Parkway

26 2050 Vista Parkway

4. FEI Number
59-2134374

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

24 33411

25 USA

29 33411

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENGH, FREDRIC C
2050 VISTA PARKWAY
WEST PALM BEACH FL 33411**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2050 Vista Parkway
83
84 City **West Palm Beach** **FL** **85 Zip Code** **33411**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGH, FREDRIC C	1.2 NAME	
STREET ADDRESS	1265 WYNNEWOOD DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	1.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARBERT, ROBERT	2.2 NAME	
STREET ADDRESS	11133 SW 113TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, WILLIAM	3.2 NAME	
STREET ADDRESS	12791 PACKWOOD RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO ISLES FL 33408	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MICHAEL	4.2 NAME	
STREET ADDRESS	1896 HIDDEN SPRINGS CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BURLINGTON KY 41005	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERSCHIED, BOB	5.2 NAME	
STREET ADDRESS	1179 SKILLMAN AVE., WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROSEVILLE MN 55113	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CATHY	6.2 NAME	
STREET ADDRESS	3927 ADMIRAL DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHAMBLEE GA 30341	6.4 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)(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:

Fred C. Engh

2/5/96

407-684-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)