


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
				4. FEI Number 59-2134374	
2. Principal Place of Business 21 2050 Vista Parkway Suite, Apt. #, etc.		2a. Mailing Address 26 2050 Vista Parkway Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State 23 West Palm Beach, FL		27 City & State 28 West Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33411		25 Country USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		29 Zip 33411		30 Country USA	
9. Name and Address of Current Registered Agent ENGH, FREDRIC C 2050 VISTA PARKWAY WEST PALM BEACH FL 33411				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 _____ (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 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, on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** Fred C. Engh

1/8/98 561-684-1141

CR2E037 (10/97)