

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90006 007 \*\*\*\*70.00

**DOCUMENT # N93000005629**

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



2. Principal Place of Business

21 2050 Vista Parkway  
Suite, Apt. #, etc.

2a. Mailing Address

26 2050 Vista Parkway  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

59-2134374

Applied For

Not Applicable

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

Zip

24 33411

Country

25 USA

Zip

29 33411

Country

30 USA

6. Election Campaign Financing

☐

Trust Fund Contribution

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ENGH, FREDRIC C	
STREET ADDRESS	1265 WYNNEWOOD DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	11133 SW 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGGETT, WILLIAM	
STREET ADDRESS	12791 PACKWOOD RD.	
CITY-ST-ZIP	JUNO ISLES FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, MICHAEL	
STREET ADDRESS	1896 HIDDEN SPRINGS CT.	
CITY-ST-ZIP	BURLINGTON KY 41005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIERSCHIED, BOB	
STREET ADDRESS	1179 SKILLMAN AVE., WEST	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, CATHY	
STREET ADDRESS	3927 ADMIRAL DR.	
CITY-ST-ZIP	CHAMBLEE GA 30341	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Fred C. Engh

1/5/99 561-684-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)