

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005629

1. Entity 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



01062004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2134374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCED
NAME	ENGH, FREDRIC C
STREET ADDRESS	200 MIRAMAR WAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	SD
NAME	SCHARBERT, ROBERT
STREET ADDRESS	6500 SUTTON COURT
CITY - ST - ZIP	POMPANO BEACH, FL 33067
TITLE	DT
NAME	BAGGETT, WILLIAM
STREET ADDRESS	12791 PACKWOOD RD.
CITY - ST - ZIP	JUNO ISLES, FL 33408
TITLE	D2VP
NAME	GRAY, MICHAEL
STREET ADDRESS	1203 FARMCREST DRIVE
CITY - ST - ZIP	UNION, KY 41091
TITLE	DVPC
NAME	BIERSCHIED, BOB
STREET ADDRESS	1179 SKILLMAN AVE., WEST
CITY - ST - ZIP	ROSEVILLE, MN 55113
TITLE	D3VP
NAME	JOHNSTON, MARTY
STREET ADDRESS	3033 WHITEMARSH WAY
CITY - ST - ZIP	SAVANNAH, GA

U00000009183
01/20/04-80095-005 70.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredric C. Engh
President & CEO

1/16/04

Date

561-684-1141

Daytime Phone #