

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:30

DOCUMENT # N94000000822 (6)

1. Corporation Name

MILL CREEK ORANGEDALE YOUTH SPORT, INC.

Principal Place of Business

5695 STATE ROAD 16
ST. AUGUSTINE FL 32092

Mailing Address

5695 STATE ROAD 16
ST. AUGUSTINE FL 32092

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2675 JOE ASHTON RD.

26 2675 JOE ASHTON RD.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 #B

27 #B

23 City & State
St. Augustine, FL.

28 City & State
St. Augustine, FL.

24 Zip
32092

25 Country
USA

29 Zip
32092

30 Country
USA

4. FEI Number

59-3303305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BOWEN, KEITH
5695 STATE ROAD 16
ST. AUGUSTINE FL 32092

10. Name and Address of New Registered Agent

81 Name

Eugene Wells

82

Street Address (P.O. Box Number Is Not Acceptable)
2675 JOE ASHTON RD.

83

#B

84

City
St. Augustine

FL

85 Zip Code

32092

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Eugene Wells DT.

Eugene Wells

4/29/96

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, KEITH	
STREET ADDRESS	5695 STATE ROAD 16	
CITY - ST - ZIP	ST. AUGUSTINE FL 32092	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KINSEY, JODY	
STREET ADDRESS	8421 HARDWOOD LANDING RD.	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VINES, NANCY	
STREET ADDRESS	3745 JOE ASHTON ROAD	
CITY - ST - ZIP	ST. AUGUSTINE FL 32092	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WELLS, EUGENE	
STREET ADDRESS	2675 SO EAST ASHTON RD	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GIZZARD, BOB	
STREET ADDRESS	5154 FARM CREEK RD	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gizzard, Bob	
13 STREET ADDRESS	5145 FARM CREEK RD.	
14 CITY - ST - ZIP	ST. AUGUSTINE FL.	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ERwin Burgess	
23 STREET ADDRESS	4040 SR16	
24 CITY - ST - ZIP	ST. AUGUSTINE, FL. 32092	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Jesse A. Crews	
33 STREET ADDRESS	3085 CRAB A. No.	
34 CITY - ST - ZIP	ST. AUGUSTINE, FL. 32092	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Eugene Wells DT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

829-3134(904)

DAYTIME PHONE

CR2E037 (12/95)