

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:02

DOCUMENT # N94000001606 (2)

1. Corporation Name
MELROSE YOUTH SPORTS ASSOICATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
RT. 3, BOX 3050 (SR 26) MELROSE FL **RT. 3, BOX 3050 (SR 26) MELROSE FL**

3. Date Incorporated or Qualified **03/31/1994** 3a. Date of Last Report
4. FEI Number **59 3238900** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **303 State Rd 26** 26 **303 State Rd. 26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Melrose, FL** 28 **Melrose, FL**
Zip Zip Country Country
24 **32666** 25 **Putnam** 29 **32666** 30 **Putnam**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HENDERSON, ROSELLEN V
RT. 3, BOX 3050
(SR 26)
MELROSE FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **303 State Road 26**
83
84 City **Melrose** FL 85 Zip Code **32666**

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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 617.0504, Florida Statutes.

SIGNATURE *Rosellen V. Henderson* Resident Agent DATE **06-23-95**

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Lauren P. Alsobrook
STREET ADDRESS	P.O. Box 1063 NA
CITY - ST - ZIP	Melrose, FL 32666
TITLE	Vice President
NAME	Rosellen V. Henderson
STREET ADDRESS	Rt. 2 Box 212C
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	Secretary
NAME	Catherine H. Coburn
STREET ADDRESS	P.O. Box 904 NA
CITY - ST - ZIP	Melrose, FL 32666
TITLE	Treasurer
NAME	Iris Gassaway
STREET ADDRESS	Rt. 2 Box
CITY - ST - ZIP	Hawthorne, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
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 included in 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: *Rosellen V. Henderson* DATE **06-23-95** (904) 475-1357
PRINT NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TITLE DAYTIME PHONE #
Rosellen V. Henderson, Vice President

CR2E037 (3/95)