

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001606 (2)**

1. Corporation Name

**MELROSE YOUTH SPORTS ASSOICATION, INC.**



Principal Place of Business

Mailing Address

303 SR 26  
(SR 26)  
MELROSE FL 32666  
US

303 SR 26  
(SR 26)  
MELROSE FL 32666  
US

3. Date Incorporated or Qualified  
**03/31/1994**

3a. Date of Last Report  
**06/28/1995**

4. FEI Number  
**59-3238900**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDERSON, ROSELLEN V**  
303 SR 26  
MELROSE FL 32666

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME ALSOBROOK, ALREN P  
STREET ADDRESS P O BOX 1063 NA  
CITY - ST - ZIP MELROSE FL

1.1 TITLE  Change  Addition  
1.2 NAME ALSOBROOK, LAUREN P.  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VPD  DELETE  
NAME HENDERSON, ROSELLEN V  
STREET ADDRESS RT 2 BOX 212C  
CITY - ST - ZIP HAWTHORNE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE SD  DELETE  
NAME COBURN, C ATHERINE H  
STREET ADDRESS P O BOX 904NA  
CITY - ST - ZIP MELROSE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE T  DELETE  
NAME GASSAWAY, IRIS  
STREET ADDRESS RT 2 BOX  
CITY - ST - ZIP HAWTHORE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS Route 2 Box 388 B  
4.4 CITY - ST - ZIP Hawthorne, FL 32640

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Lauren P. Alsobrook* President

(352) 475-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELROSE

Date

Day/In Phone #

CR2E037 (12/95)