

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32666-3906 US

3. Date Incorporated or Qualified <b>03/31/1994</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>59-3236900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALSOBROOK, LAUREN P	
STREET ADDRESS	P O BOX 1063 NA	
CITY-ST-ZIP	MELROSE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HENDERSON, ROSELLEN V	
STREET ADDRESS	RT 2 BOX 212C	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COBURN, C ATERINE H	
STREET ADDRESS	P O BOX 904NA	
CITY-ST-ZIP	MELROSE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GASSAWAY, IRIS	
STREET ADDRESS	ROUTE 2 BOX 388B	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	340 SW Jasmine Ave.
2.4 CITY-ST-ZIP	Ky store Hgts FL 32656
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD.
3.3 STREET ADDRESS	Keen Angie
3.4 CITY-ST-ZIP	Star Route
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TO
4.3 STREET ADDRESS	Smith
4.4 CITY-ST-ZIP	P.O Box 303
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 do 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.

SIGNATURE: *Rosellen V Henderson* **4-18-97 (352)475-1357**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0011795

CRE037 (9/96)