

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 044 ****61.25

DOCUMENT # N94000002366

1. Corporation Name

FLORIDA LEAGUE OF AMATEUR SPORTS, INC.

Principal Place of Business

11103 TOWNSEND LANE
BOYNTON BCH. FL 33437
US

Mailing Address

11103 TOWNSEND LANE
BOYNTON BCH. FL 33437
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0500311	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

TOWNSEND, JANE
11103 TOWNSEND LANE
SUITE 138
BOYNTON BCH. FL 33437

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

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

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

Jane Townsend
(NOTE: Registered Agent signature required when reinstating)

8/24/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, GARY	1.2 NAME	
STREET ADDRESS	11103 TOWNSEND LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, ROBERT R	2.2 NAME	
STREET ADDRESS	11103 TOWNSEND LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, ROBERT	3.2 NAME	
STREET ADDRESS	7747 CANAL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, SHERRY	4.2 NAME	
STREET ADDRESS	7247 CANAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, JANE	5.2 NAME	
STREET ADDRESS	11103 TOWNSEND LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Jane Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)