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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400003562 (5)

| Corporation Name | | | | • |
|------------------|-----------|-------|---------|------|
| YOUNG CHRISTIANS | IN ACTION | YOUTH | SPORTS, | INC. |



| | | | | - | |
|-------------------------------|---|--|-------------------------------------|---|--|
| Principal Place | of Business | Mailing Address | | | |
| 214 OLYMPIC MELBOURNE | | 214 OLYMPIC WAY #5 MELBOURNE FL 32901 | | | |
| | | | | 07/18/1994 | 3a. Date of Last Report 07/03/1995 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | Tre die | 4. FEt Number 59-3255423 | Applied For Not Applicable |
| 21 | | 0.31- 8-1-4 -1-5 | TRAIL | 39 0200420 | 60 75 ALTONO |
| City & State | | | | | ree Required |
| | | 28 MELBOLLAN | _ | 6. Election Campaign Financing Trust Fund Contribution | 55.00 May Be |
| Zip | Country | Zip | Country | Trust rand Continuation | Added to Fees |
| 24 329 | | 29 FL | 30 VSA | 8. This corporation has liability for intangular Florida Statutes Y | gible tax under s. 199.032, ∕es ☑No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Regist | tered Agent |
| | | | 81 Name | | |
| BANNIST | TER, TONY WILLIE A | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | 1e A |
| | MPIC WAY #5 | | 474 | CLUB TRAIL | |
| MELBOU | IRNE FL 32901 | | 83 | | |
| | | | 84 City | | 72-1 7-0-1 |
| <u> </u> | | | MAL | soure | FL 85 Zip Code / 3290/ |
| 11. Pursuant t or register | to the provisions of Sections 617,0502 ared agent, or both, in the State of Florida | and 617.1508, Florida Statutes | Alexander III | ation submits this statement for the purpose d of directors. I hereby accept the appointment | |
| familiar wit | th, and accept the obligations of Section | ri 617.0503, Florida Statutes. | u by the corporation's board | or directors. I hereby accept the appointment | ent as registered agent. I am |
| SIGNATURE _ | Signature, typed in virited name of registered agent ar | mustes | Tony WILLIE | A. Bonnisten | 4.29.96 |
| 12. | | | Registered Agent signature required | when reinstating) | DATE TO THE TOTAL PROPERTY OF THE PARTY OF T |
| TITLE | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| NAME | Bannister, tony willie a | [_]DECE IE | 1.1 TITLE | | Change 🔯 Addition |
| STREET ADDRESS | 214 OLYMPIC WAY #5 | | 1.2 NAME | and decide makes that | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | 1.3 STREET ADDRESS | 74 CWB TRAIL #4 | G |
| TITLE | D | DELETE | 1.4 CITY-ST-ZIP A | nergovene fl 32' | |
| NAME | PERSON, DOUGLASS A | | 2.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | 1360 SOUTH PATRICK DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | | 2 4 CITY-ST-ZIP | | |
| TITLE | D | DELETE | 3.1 TITLE | <u> </u> | Change Addition |
| NAME | BAINES, EDWARD F | | 3.2 NAME | | |
| STREET ADDRESS | 140 6TH AVENUE | | 3.3 STREET ADDRESS | | |
| CITY - S1 - 2HP | INDIALANTIC FL 32903 | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | - · · · · · · · · · · · · · · · · · · · |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | F-4 | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | *15************************************ | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | cortify that the information and "" | Lanca etta di ancioni di ancioni | 6.4 CITY-ST-ZIP | | |
| continue that | the intermedian indicated as the | n uns illing is voluntarily turnish | ned and does not qualify for | the exemption stated in Section 119.07(3)(k | 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SUNATURE NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-36 407-773-1040
Date Degrine Phone #