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FILED

Apr 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005438 (6)

1. Corporation Name

FORT WALTON BEACH YOUTH SPORTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 967
FORT WALTON BEACH FL 32549-0967P.O. BOX 967
FORT WALTON BEACH FL 32549-09673. Date Incorporated or Qualified
11/01/19943a. Date of Last Report
04/25/1996

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

BEEDIE, ALVIN L
317 SIKES CIRCLE
FORT WALTON BEACH FL 32548

81 Name

MADDOX, RICHARD A.

82

Street Address (P.O. Box Number is Not Acceptable)

520 RUSH PARK CIRCLE

83

84 City

MARY ESTHER

FL

85 Zip Code
32569

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

Richard A. Maddox

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

(NOTE: Registered Agent signature required when reinstating)

3-31-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEEDIE, ALVIN L	
STREET ADDRESS	317 SIKES CIRCLE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CROUCH, MARVIN D JR.	
STREET ADDRESS	2208 ANDORIA STREET	
CITY-ST-ZIP	NAVARRE FL 32568	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARNOLD T. FUTTERER	
STREET ADDRESS	22 ALEXANDRA PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROY FOLEY	
STREET ADDRESS	299 ECHO CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDOX, RICHARD A	
STREET ADDRESS	514 POCAHONTAS DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GATES, FRANKLIN L	
STREET ADDRESS	149 JET DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEEDIE, ALVIN L.	
1.3 STREET ADDRESS	317 SIKES CIRCLE	
1.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOWRY, DOUGLAS H.	
2.3 STREET ADDRESS	211 LINDA COVE	
2.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MADDOX, RICHARD A.	
5.3 STREET ADDRESS	520 RUSH PARK CIRCLE	
5.4 CITY-ST-ZIP	MARY ESTHER FL 32569	<input type="checkbox"/> Change <input type="checkbox"/> Addition

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard A. Maddox* MADDOX, RICHARD A. MADDOX (PRES) 3-15-97 (904) 243-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074046

CR2E037 (9/96)