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May 21 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N95000001098 (1)**

1. Corporation Name  
~~WAHNETA-NEIGHBORHOOD ASSO. INC.~~  
 WAHNETA SPORTS + Neighborhood ASSO. INC.

Principal Place of Business 712 SO. RIFLE RANGE ROAD WAHNETA FL 33880	Mailing Address 712 SO. RIFLE RANGE ROAD WAHNETA FL 33880-5851
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3. Date Incorporated or Qualified 03/06/1995	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Wahnetta Comm Building Suite, Apt. #, etc.	2a. Mailing Address 26 712 S. Rifle Range Rd. Suite, Apt. #, etc.
22 City & State 23 712 S. Rifle Range Rd. Zip 24 33880	27 City & State 28 Wahnetta, FL Zip 29 33880
25 POIK	30 POIK

4. FEI Number 59-3255954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Fields  
SIMMONS, DIANA  
712 SO. RIFLE RANGE ROAD  
WAHNETA FL 33880

10. Name and Address of New Registered Agent

81 Name DIANA Fields	82 Street Address (P.O. Box Number is Not Acceptable) 712 S. Rifle Range Rd.
83 Wahnetta	84 City FL
85 Zip Code 33880	

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 DIANA L. Fields Diana L. Fields 4/8/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIELDS, DIANE L.	
STREET ADDRESS	712 SO. RIFLE RANGE ROAD	
CITY-ST-ZIP	WAHNETA FL 33880	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPRING, WARREN	
STREET ADDRESS	114 7TH TERR	
CITY-ST-ZIP	WAHNETA FL 33880	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YINGLING, LESLIE	
STREET ADDRESS	543 RIDGE ACRES DR	
CITY-ST-ZIP	WAHNETA FL 33880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DANNY NOBLE	
2.3 STREET ADDRESS	20 Sunrise Circle	
2.4 CITY-ST-ZIP	Wahnetta, FL 33880	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIANN BOLIN	
3.3 STREET ADDRESS	205 Bomber Rd.	
3.4 CITY-ST-ZIP	Winter Haven Fl. 33880	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 as an attachment with an address.

SIGNATURE Diana L. Fields 11/01/97 011-321-1117

CR2E037 (9/96)