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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001941 (2)**

1. Corporation Name

**NORTH OSCEOLA YOUTH SPORTS ASSOC. INC.**



Principal Place of Business

Mailing Address

P.O. BOX 430533  
KISSIMMEE FL 34743-0533

P.O. BOX 430533  
KISSIMMEE FL 34743-0533

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**04/20/1995**

3a. Date of Last Report  
**02/16/1996**

4. FEI Number  
**59-3222007**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**TAVARES, STEVE  
210 PALMWOOD COURT  
KISSIMMEE FL 34743**

81 Name

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

83

84 City

**FL**

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

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

(NOTE - Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TAVARES, STEVE  
STREET ADDRESS 210 PALMWOOD COURT  
CITY - ST - ZIP KISSIMMEE FL 34743 ☐ DELETE

TITLE V  
NAME HICKS, NATHAN  
STREET ADDRESS 821 FLORIDA PARKWAY  
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE T  
NAME MOORE, LINDA  
STREET ADDRESS 135 MERIDA AVENUE  
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE S  
NAME MALDONADO, MOLLY  
STREET ADDRESS 1038 FLORIDA PARKWAY  
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE D  
NAME WEBSTER, STEVE  
STREET ADDRESS 118 LEMON COURT  
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE D  
NAME HICKS, PAM  
STREET ADDRESS 821 FLORIDA PKWY  
CITY - ST - ZIP KISSIMMEE FL 34743 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ 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

*Sandra B. Mortham*

1/19/97

407-348-5745

CR2E037 (9/96)