

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N95000002147**

1. Corporation Name

FLORIDA YOUTH SPORTS INC.

Principal Place of Business

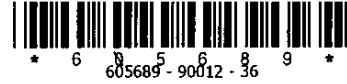
**2505 AQUARIUS RD.
ORANGE PARK FL 32073
US**

Mailing Address

**2505 AQUARIUS RD
ORANGE PARK FL 32073
US**

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90012 036 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3318487

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

9. Name and Address of Current Registered Agent

**HERMES, STEPHEN
2505 AQUARIUS ROAD
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	HERMES, STEPHEN	<input type="checkbox"/> DELETE
NAME	HERMES, STEPHEN	
STREET ADDRESS	2505 AQUARIUS ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	HERMES, GEORGE	<input type="checkbox"/> DELETE
NAME	HERMES, GEORGE	
STREET ADDRESS	2505 AQUARIUS ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	HERMES, VICKI	<input type="checkbox"/> DELETE
NAME	HERMES, VICKI	
STREET ADDRESS	2505 AQUARIUS RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PARKS, JAKIE	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, JAKIE	
STREET ADDRESS	706 TROPICAL PARKWAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PARKS, STANLEY	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, STANLEY	
STREET ADDRESS	706 TROPICAL PARKWAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	BROWN, GENEVA	<input type="checkbox"/> DELETE
NAME	BROWN, GENEVA	
STREET ADDRESS	2889 GATLING BLVD	
CITY-ST-ZIP	ORANGE PARK FL 32065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERMES Stephen	
1.3 STREET ADDRESS	2505 Aquarius Rd.	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE	O/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hermes George	
2.3 STREET ADDRESS	2505 Aquarius Rd	
2.4 CITY-ST-ZIP	Orange Park FL 32073	
3.1 TITLE	T/D/NP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hermes, Vicki	
3.3 STREET ADDRESS	2505 Aquarius Rd	
3.4 CITY-ST-ZIP	Orange Park FL 32073	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brown DANA	
5.3 STREET ADDRESS	2889 Gatling Blvd	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brown Geneva	
6.3 STREET ADDRESS	2889 Gatling Blvd	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-99

278-5995

CR2E037 (11/98)