

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 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. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003029 (4)**

1. Corporation Name

**UMATILLA YOUTH SPORTS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
P.O. BOX 259 UMATILLA FL 32784	P.O. BOX 259 UMATILLA FL 32784-0259

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1995		3a. Date of Last Report 09/20/1996	
21		26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 Sulte, Apt. #, etc.		27 Sulte, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLEOD, DAVID 335 OAK AVENUE UMATILLA FL 32784				81 Name NEED, JENNINGS			
				82 Street Address (P.O. Box Number is Not Acceptable) 21829 ROLLINGWOOD TRAIL			
				83			
				84 City EUSTIS FL 85 Zip Code 32736			

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 *JENNINGS A. NEED III* JENNINGS A. NEED III, PRESIDENT 4/22/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADILLA, JON			1.2 NAME	NEED, JENNINGS		
STREET ADDRESS	P.O. BOX 142 N/A			1.3 STREET ADDRESS	21829 ROLLINGWOOD TRAIL		
CITY-ST-ZIP	ALTOONA FL 32702			1.4 CITY-ST-ZIP	EUSTIS, FLA 32736		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEELD, JENNINGS			2.2 NAME	FROST, WAYNE		
STREET ADDRESS	21829 ROLLINGWOODS TR			2.3 STREET ADDRESS	408 BRAINARD AVE		
CITY-ST-ZIP	EUSTIS FL 32726			2.4 CITY-ST-ZIP	UMATILLA, FL 32784		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERSEY, PATI			3.2 NAME	DIANA HOWELL		
STREET ADDRESS	P.O. BOX 1053 N/A			3.3 STREET ADDRESS	753 WINDGENE AVE		
CITY-ST-ZIP	ALTOONA FL 32702			3.4 CITY-ST-ZIP	UMATILLA, FL 32784		
TITLE	CT	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FROST, REBECCA			4.2 NAME	LISA MELCHORI		
STREET ADDRESS	408 BRAINARD AVE.			4.3 STREET ADDRESS	760 WINDGENE AVE		
CITY-ST-ZIP	UMATILLA FL 32784			4.4 CITY-ST-ZIP	UMATILLA, FL 32784		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEOD, DAVID W			5.2 NAME			
STREET ADDRESS	335 OAK AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE *JENNINGS A. NEED III* JENNINGS A. NEED III 4/22/97

CR2E037 (9/96)