SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 06/22/1995

4. FEI Number: NOT APPLICABLE — [ ] 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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEELD, JENNINGS
21829 ROLLINGWOOD TRAIL
EUSTIS FL 32736

10. Name and Address of New Registered Agent

81 Name: David W. McLeod
82 Street Address (P.O. Box Number is Not Acceptable): 335 Oak Ave.
83
84 City: Umatilla — FL — 85 Zip Code: 32784

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: David W. McLeod — David W. McLeod — 9-24-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[X] DELETE	1.1 TITLE	PD [X] Change [ ] Addition
NAME	NEELD, JENNINGS		1.2 NAME	McLeod, David
STREET ADDRESS	21829 ROLLINGWOOD TRAIL		1.3 STREET ADDRESS	335 Oak Ave.
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	Umatilla, FL 32784
TITLE	ST	[X] DELETE	2.1 TITLE	VPT [X] Change [ ] Addition
NAME	NEELD, JENNINGS		2.2 NAME	Moore, Darren
STREET ADDRESS	21829 ROLLINGWOODS TR		2.3 STREET ADDRESS	1415 Hollywood Ave.
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	ST	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	HOWELL, DIANA		3.2 NAME	
STREET ADDRESS	753 WINDGENE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL		3.4 CITY-ST-ZIP	
TITLE	CT	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	FROST, REBECCA		4.2 NAME	
STREET ADDRESS	408 BRAINARD AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784		4.4 CITY-ST-ZIP	
TITLE	VPT	[X] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	FROST, WAYNE		5.2 NAME	
STREET ADDRESS	408 BRAINARD AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL		5.4 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	MELCHORE, LISA		6.2 NAME	
STREET ADDRESS	760 WINDGENE AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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.

SIGNATURE: David W. McLeod — David W. McLeod — 9-24-98 — (252) 669-6934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #