

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90036 035 \*\*\*\*61.25

DOCUMENT # N95000003029

1. Corporation Name

UMATILLA YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 259  
UMATILLA FL 32784

Mailing Address

P.O. BOX 259  
UMATILLA FL 32784



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

MCLEOD, DAVID W  
335 OAK AVE  
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name

Michael E. Patterson

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

36326 Stratford Ct.

83

84 City

Grand Island

FL

85 Zip Code

32735

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

*Michael E. Patterson*

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

(NOTE: Registered Agent signature required when reinstating)

05-08-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MCLEOD, DAVID  
STREET ADDRESS 3335 OAK AVE  
CITY-ST-ZIP UMATILLA FL 32784

TITLE VPT ☒ DELETE

NAME MOORE, DARREN  
STREET ADDRESS 1415 HOLLYWOOD AVE  
CITY-ST-ZIP EUSTIS FL 32726

TITLE ST ☒ DELETE

NAME HOWELL, DIANA  
STREET ADDRESS 753 WINDGENE AVE.  
CITY-ST-ZIP UMATILLA FL

TITLE CT ☒ DELETE

NAME FROST, REBECCA  
STREET ADDRESS 408 BRAINARD AVE.  
CITY-ST-ZIP UMATILLA FL 32784

TITLE T ☒ DELETE

NAME MELCHORE, LISA  
STREET ADDRESS 760 WINDGENE AVE.  
CITY-ST-ZIP UMATILLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

Michael E. Patterson

1.2 NAME

36326 Stratford Ct.

1.3 STREET ADDRESS

Grand Island, FL 32735

1.4 CITY-ST-ZIP

2.1 TITLE

VPT

Pamela C. Lightfoot

2.2 NAME

13228 Grand Terrace Dr.

2.3 STREET ADDRESS

Grand Island, FL 32735

2.4 CITY-ST-ZIP

3.1 TITLE

ST

Bartholomew, Susan

3.2 NAME

PO Box 1598

3.3 STREET ADDRESS

Umatilla, FL 32784

3.4 CITY-ST-ZIP

4.1 TITLE

CT

Cummings, Alicia

4.2 NAME

PO Box 373

4.3 STREET ADDRESS

Paisley, FL 32767

4.4 CITY-ST-ZIP

5.1 TITLE

T

Penley, Lynn

5.2 NAME

19802 East Umatilla Blvd.

5.3 STREET ADDRESS

Umatilla FL 32784

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

*Michael E. Patterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-08-99

Date

352-483-2861

Daytime Phone #

CR2E037 (11/98)

0015454