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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 # N95000003731 (5)

1. Corporation Name

ALTAMONTE YOUTH SPORTS, INCORPORATED

Principal Place of Business

846 BAY BREEZE LANE
ALTAMONTE SPRINGS FL 32714

Mailing Address

846 BAY BREEZE LANE
ALTAMONTE SPRINGS FL 32714-7533



3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3264659

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

9. Name and Address of Current Registered Agent

RUTBERG, GERALD S
5055 S. HIGHWAY 17-92
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

David W. Phillips
130 Palm Rose Drive

Longwood

FL

85 Zip Code

32779

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 617.10503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file 4 approvals

Signature, typed or printed name of officer or director required when reinstating

1/10/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME REECE, SARAH
STREET ADDRESS 846 BAY BREEZE LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VD ☐ DELETE
NAME BERRYHILL, DOUG
STREET ADDRESS 1808 CROWLEY CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD ☒ DELETE
NAME BELFORD, EMELIA
STREET ADDRESS 507 MOCKINGBIRD LN.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE
NAME JAMES, WILLIAM R
STREET ADDRESS 293 SOUTH STREET
CITY-ST-ZIP FERN PARK FL 32730

TITLE D ☐ DELETE
NAME KETTERER, PEG RUSSELL
STREET ADDRESS 803 ARLINGTON BOULEVARD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE
NAME SIENKIEWICZ, DICK
STREET ADDRESS 638 FIRWOOD CT.
CITY-ST-ZIP ALTAMONTE SPRING FL 32714

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

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

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Kathy Beck
3.3 STREET ADDRESS 684 Greywood Dr.
3.4 CITY-ST-ZIP Altamonte Springs, Fl. 32701

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

Sarah Reece

1/10/97

142 5th Ave. Nt. 8849

CR2E037 (9/96)