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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000003731

1. Corporation Name

ALTAMONTE YOUTH SPORTS, INCORPORATED

Principal Place of Business

Mailing Address

846 BAY BREEZE LANE  
ALTAMONTE SPRINGS FL 32714

846 BAY BREEZE LANE  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3264659

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

24

25

29

30

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, DAVID W  
130 PRIMROSE DR  
LONGWOOD FL 32779

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

TITLE S  
NAME BECK, KATHY  
STREET ADDRESS 684 GREYWOOD DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 407-841-5111 xt-8849

CR2E037 (11/98)