

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004926 (0)

1. Corporation Name

SUMTER DIXIE YOUTH LEAGUE INC.



Principal Place of Business

**CATHY BOYD FIELD
WEBSTER FL 33597**

Mailing Address

**PO BOX 646
WEBSTER FL 33597**

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Webster memorial

26 PO Box 646

4. FEI Number

N95000004926

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~Memorial~~ PARK

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

City & State

23 Webster, FL

28 Webster, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33597

25 Sumter

29 33597

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINTON, CHARLES
69 SE 3RD ST
WEBSTER FL 33597**

81 Name

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

83 388881771503

-04/08/96--01003--001

84 City

*****70.00**

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:

Charles Hinton

1-29-96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME **P Charles Hinton**
13 STREET ADDRESS **69 SE 3rd St PO Box 646**
14 CITY-ST-ZIP **Webster, FL 33597**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME **V.P/D Ron Berry**
23 STREET ADDRESS **150 CR 478**
24 CITY-ST-ZIP **Webster, FL 33597**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME **Joanne Harris**
33 STREET ADDRESS **Gant Creek 1435 CR 478-A**
34 CITY-ST-ZIP **Webster FL 33597**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME **S/D Patricia Hinton**
43 STREET ADDRESS **69 SE 3rd St P.O. Box 646**
44 CITY-ST-ZIP **Webster, FL 33597**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME **Tim Barnes**
53 STREET ADDRESS **Hwy 48 West**
54 CITY-ST-ZIP **Bushnell 33513**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME **Ken Pruitt**
63 STREET ADDRESS **Hwy 478**
64 CITY-ST-ZIP **Webster, FL 33517**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles Hinton

1-29/96

793-6982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)