

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004926 (0)

1. Corporation Name

SUMTER DIXIE YOUTH LEAGUE INC.



Principal Place of Business

Mailing Address

WEBSTER MEMORIAL PARK  
WEBSTER FL 33597PO BOX 646  
WEBSTER FL 33597-06463. Date Incorporated or Qualified  
10/13/19953a. Date of Last Report  
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

APPLIED FOR 59-3426106

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINTON, CHARLES  
69 SE 3RD ST  
WEBSTER FL 33597Berry, Ron  
150 CR 478  
Webster, FL 33597

81

Name

Berry, Ron

82

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

150 CR 478

83

City

Webster

84

City

FL

85

Zip Code  
33597

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 relistating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	HINTON, CHARLES	69 SE 3RD ST	WEBSTER FL 33597	<input checked="" type="checkbox"/>
VPD	BERRY, RON	150 CR 478	WEBSTER FL 33597	<input checked="" type="checkbox"/>
T	HARRIS, JOANNE	1435 CR 478-A	WEBSTER FL 33597	<input checked="" type="checkbox"/>
SD	HINTON, PATRICIA	69 SE 3RD ST	WEBSTER FL 33597	<input checked="" type="checkbox"/>
C	BARNES, TIM	HWY 48 WEST	BUSHNELL FL 33513	<input type="checkbox"/>
D	PREUATT, KEN	HWY 478	WEBSTER FL 33517	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Berry, Ron	150 CR 478	Webster, FL 33597	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VPD	Shawn Shurley	94 S. Virginia Ave	Center Hill, FL 33514	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
T-D	Sheila Dobson	14695 CR 757	Webster, FL 33597	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
SD	Sheila Andrews	8473 CR 760	Center Hill, FL 33514	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
C	Tim Barnes	HWY 48 West	Bushnell, FL 33513	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
D	Kenny Preuatt	HWY 478	Webster FL 33597	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

352-568-1967

Date

Daytime Phone # 0048728

CR2E037 (9/96)