

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # N95000004926 (0)

1. Corporation Name

SUMTER DIXIE YOUTH LEAGUE INC.



Principal Place of Business

Mailing Address

WEBSTER MEMORIAL PARK
WEBSTER FL 33597

PO BOX 646
WEBSTER FL 33597

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

59-3426106

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25 Sumter

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERRY, RON
150 CR 478
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name

Murray, Philip

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

11 E. Jefferson St.

83

84 City

Center Hill

FL

85 Zip Code

33514

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 Philip L. Murray PHILIP L. MURRAY, PRESIDENT 9/17/98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME BERRY, RON
STREET ADDRESS 150 CR 478
CITY-ST-ZIP WEBSTER FL

TITLE VPD ☒ DELETE

NAME SHAWN, SHIRLEY
STREET ADDRESS 94 S VIRGINIA AVE
CITY-ST-ZIP CENTER HILL FL

TITLE TD ☒ DELETE

NAME DOBSON, SHEILA
STREET ADDRESS 14095 CR 757
CITY-ST-ZIP WEBSTER FL

TITLE SD ☒ DELETE

NAME ANDREWS, SHEILA
STREET ADDRESS 8473 CR 760
CITY-ST-ZIP CENTERHILL FL

TITLE C ☒ DELETE

NAME BARNES, TIM
STREET ADDRESS HWY 48 WEST
CITY-ST-ZIP BUSHNELL FL 33513

TITLE D ☒ DELETE

NAME PREVATT, KENNY
STREET ADDRESS HWY 478
CITY-ST-ZIP WEBSTER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Philip MURRAY
1.3 STREET ADDRESS 11 E. Jefferson St
1.4 CITY-ST-ZIP Center Hill, FL 33514

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Ricky, J. Fussell
2.3 STREET ADDRESS Hwy. 478 A
2.4 CITY-ST-ZIP Webster, FL 33597

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Pamela J. Black
3.3 STREET ADDRESS 455 Virginia Ave.
3.4 CITY-ST-ZIP Center Hill, FL 33514

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Brenda Halliday
4.3 STREET ADDRESS 11 E. Jefferson St
4.4 CITY-ST-ZIP Centerhill FL 33514

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Bruce Dobson
5.3 STREET ADDRESS 14095 CR 757
5.4 CITY-ST-ZIP Webster, FL 33597

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Danny Hutcheson
6.3 STREET ADDRESS Hwy 478
6.4 CITY-ST-ZIP Webster, FL 33597

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.

SIGNATURE: Philip L. Murray PHILIP L. MURRAY 9/17/98 352-568
Signature, type or printed name of signing officer or director Date Daytime Phone # 744-7

CR2E037 (5/98)