

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000295 (3)**

1. Corporation Name

**SAWGRASS YOUTH SPORTS OPTIMIST, INC.**

Principal Place of Business

Mailing Address

**11951 NW 31ST STREET  
SUNRISE FL 33323**

**11951 NW 31ST STREET  
SUNRISE FL 33323-1205**



3. Date Incorporated or Qualified  
**01/16/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

25

Country

29

Zip

30

Country

**BORRAS, ANTHONY B ESQ.  
1888A NO. UNIVERSITY DRIVE  
PLANTATION FL 33322**

4. FEI Number

**65-0635711**

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

10. Name and Address of New Registered Agent

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

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>PRITCHARD, SHIRLEY</b>	
STREET ADDRESS	<b>11951 NW 31ST STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STIFFLER, DEBBIE</b>	
STREET ADDRESS	<b>60 SW 91ST AVENUE STE 101</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JENSEN, JAN</b>	
STREET ADDRESS	<b>11441 NW 32ND PLACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SARACENO, BETH</b>	
STREET ADDRESS	<b>3160 NW 122ND TERRACE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SELTZER, HARVEY</b>	
STREET ADDRESS	<b>11660 NW 40TH STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DALE PRITCHARD</b>	
1.3 STREET ADDRESS	<b>11951 NW 31 ST.</b>	
1.4 CITY-ST-ZIP	<b>SUNRISE FL. 33323</b>	

2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAN JENSEN</b>	
2.3 STREET ADDRESS	<b>11441 NW 32 PLACE</b>	
2.4 CITY-ST-ZIP	<b>SUNRISE, FL. 33323</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	<b>TD/SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MARIE COYNE</b>	
4.3 STREET ADDRESS	<b>11155 NW 26 ST.</b>	
4.4 CITY-ST-ZIP	<b>SUNRISE, FL. 33322</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Dale Pritchard** **CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-97**  
Date

**954-746-3803**  
Daytime Phone # **0037062**

CR2E037 (9/96)

## **1997 Officers for Sawgrass Youth Sports**

### **Chief Executive Officer**

Dale Pritchard  
11951 N.W. 31 Street  
Sunrise, Fl. 33323

### **Chairman**

Shirley Pritchard  
11951 N.W. 31 Street  
Sunrise, Fl. 33323

### **President**

Jan Jansen  
11441 N.W. 32 Place  
Sunrise, Fl. 33323

### **Secretary/Treasurer**

Marie Coyne  
11155 N.W. 26 Street  
Sunrise, Fl. 33322