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Secretary of State

04-01-1999 90023 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001242					
1. Corporation Name LET US PLAY SPORTS CAMP, INC.					
Principal Place of Business 609 BEACH AVENUE ATLANTIC BEACH FL 32233			Mailing Address 609 BEACH AVENUE ATLANTIC BEACH FL 32233		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/06/1996	
22 City & State		27 City & State		4. FEI Number 59-3364938	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)