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

FILED Apr 01, 1999 8:00 am Secretary of State

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



2. Principal P	lace of Business	2a. Mailing Address					3	3. Date Incorporated or Qualifed 03/06/1996					
Suite, Apt.	#. etc	[20]	Suite, Apt, #, etc.				4	FEI Number				App	lied For
22	, 532.	27	, ,				·	59-3364938	}		•	Not	Applicable
City & Stat	е	28	City & State			· · · · · · ·	5	Certificate of St	atus Desired			. 75 A	ditional uired
23 Zip	Country	20	Zip	Co	untry		6	Election Camp	aign Financing		\$1	5 00 2	Jay Bo
→ `	25 29 30							•	lection Campaign Financing S5.00 May Be rust Fund Contribution Added to Fees				
24	-	<u> </u>			10. Name and Address of New Registered Agent								
	9. Name and Address of Current				81	Name							
								 .					
F & L CORP.					82	Street A	Address (P.O. Box Numbe	r is Not Accept	(able)			
200 LAURA STREET					83								
JACKSON	VILLE FL 32202												
					84	City				FI	85	Zip C	ode
				46.5				and make their as	-tont for the		<u>. </u>	ina ita r	paietered
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 6 Florid	17.1508, Florida Statute da. Such change was au	es, the a uthorize	above d bv	-named o	corporation's b	on submits this st board of directors	atement for the	pt the appoi	ntmeni	as reg	istered
agent. I a	m familiar with, and accept the obligation	ns of	, Section 617.0503, Flor	ida Sta	tutes.				•			_	
SIGNATURE				_									
	Signature, typed or printed name of registered agent a					t signature re	equired when	ADDITIONS/CH	ANCES TO OF	DATE	םוח חום	ECTOR	2S IN 12
12.	OFFICERS AND	DIRE		13.			·	ADDITIONS/CH	ANGES TO OF	FICERS AN		nange	Addition
TITLE	D		☐ DELETE	•	TTLE	İ	Ì				ЦС	iange	Addition
NAME	Barker, Leah D			1.2 N	IAME		-						
STREET ADDRESS	609 BEACH AVENUE			1.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			1.40	TY-ST	r-ZIP							<u></u>
TITLE	D		☐ DELETE	2.13	TILE		1				CI	nange	Addition
NAME	COUGHLIN, JUDY			2.2 1	IAME	ľ	Ì						
STREET ADDRESS				2.38	TREET	ADDRESS	ļ						
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1		2.4	CĪTY-S	T-ZIP			_		-	-	
TITLE	D		☐ DELETE	3.1 T	πLE						CI	nange	Addition
NAME	BARKER, BRYAN C			3.21	AME								
STREET ADDRESS	609 BEACH AVE			335	TREET	ADDRESS							
CITY-ST-ZIP	ATLANTIC BEACH FL				CITY-S	1]						
TITLE	AILANIIO DEAOITE		DELETE	_	TILE						□ c	nange	☐ Addition
NAME					NAME	1	1						
						ADDRESS							
STREET ADDRESS							1						
CITY-ST-ZIP			☐ DELETE		TILE	1-211	 				ПС	hange	Addition
TITLE			- DELLE		IAME	Į	l						
NAME				•		ADDRESS						4	
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CITY-ST-ZIP			□ peleve	_	TILE		 					nange	Addition
TITLE			☐ DELETE			ļ]				،الا	ialiyo	- Aminon
NAME					IAME		1						
STREET ADDRESS	_					ADDRESS							
CITY-ST-ZIP	·	\sim		6.4 0	ITY-ST	r-zip	1						

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 13 if changed, or on an area chiment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99

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