FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

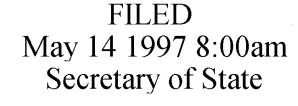
Secretary of State DIVISION OF CORPORATIONS

N96000005654 (6) DOCUMENT

CENTRAL FLORIDA YOUTH SPORTS FOUNDATION, INC.

Principal Place of Business

Mailing Address



LONGWOOD FL 32779			LONGWOOD FL 32779-3537						
						3. Date Incorporated or Qualified 11/05/1996	3a. Date of L	ast Report	
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number	1	Applied For	
21		26	26			EIN 59-3430357		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. 1	Suite, Apt. #, etc.			5. Certificate of Status Desired	.75 Additional ee Regulred		
City & Stat	ө	City & State	I			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	·	Country	,				
24	25	29	<u>}</u> , '			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
171	9. Name and Address of Curr					10. Name and Address of New Re			
				81	Name				
MANN, H	IOWARD			82	Stroot Ad	drace (P.O. Bay Number in Not Acceptab	lo)		
	METTO CONCOURSE			02	Direct Au	Address (P.O. Box Number is Not Acceptable)			
	OD FL 32779			83					
				84	City		0.0	Zio Codo	
				84	City		FL 85	Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	1502 and 617.1508, Flor ate of Florida. Such cha ligations of, Section 61.	rida Statutes, inge was auth 7.0503, Florida	the above norized by a Statute	e-named co the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chang I the appointme	ging its registered int as registered	
SIGNATURE .	Signature, typed or printed name of registered					uired when reinstanng)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	
TITLE	D		DELETE	1.1 TITLE			☐ Cr	nange Addition	
NAME	MANN, HOWARD		i i	1.2 NAME	ĺ				
STREET ADDRESS	201 PALMETTO CONCOUR	SE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779		1	1.4 CITY - 9	ST-ZIP				
TITLE	D		DELETE	2 1 TOTLE			☐ Cr	nange 🔲 Addition	
NAME	MANN, VICKI			22 NAME					
STREET ADDRESS	201 PALMETTO CONCOUR	SE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779			2. 4 CITY-	ST-ZIP				
TITLE	D	الا	DELETE	3.1 TITLE			□ Cr	nange 🔲 Addition	
NAME	MEDINA, ROBERTO		į	3.2 NAME					
STREET ADDRESS	254 SOUTH CR 427			3.3 STREET					
CITY-ST-ZIP	LONGWOOD FL 32750		DELETE	3.4 CITY-1	ST-ZIP			Addist-	
TITLE		L 1	JEL L TE	4.1 TITLE			☐ Cr	nange [_] Addition	
NAME			į	4. 2 NAME	1 approx				
STREET ADDRESS				4.3 STREET					
City-St-ZIP			DELETE	4.4 CITY - 9 5.1 TITLE	11-211		Ch	nange Addition	
NAME		البيا	, p. p. 1 L	5.1 THEE	\			Houring	
STREET ADDRESS	•			5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 Cily - S	1				
TITLE			DELETE	6.1 TITLE	11-511		☐ Ch	nange Addition	
NAME			Í	6.2 NAME	1			-	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP			-	6.4 CITY - S					
	·			0.1 0111					

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 3 if changed, or on an attachment with an address.