


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90146 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000002091</b>					
<b>1. Corporation Name</b> <b>MID FLORIDA YOUTH SPORTS ORGANIZATION, INC.</b>					
<b>Principal Place of Business</b> 1587 TWELVE CIRCLE KISSIMMEE FL 34744-6243			<b>Mailing Address</b> 1587 TWELVE CIRCLE KISSIMMEE FL 34744-6243		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 04/09/1998 <b>4. FEI Number</b> 59-3513318 <b>Applied For</b> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
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<b>9. Name and Address of Current Registered Agent</b> BARNARD, BRUCE A 1587 TWELVE CIRCLE KISSIMMEE FL 34744-6243				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 reappointing)

DATE

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	PRESIDENT/TREASURER / D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUCE BARNARD			1.2 NAME			
STREET ADDRESS	1587 TWELVE OAKS CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744			1.4 CITY-ST-ZIP			
TITLE	CO-PRESIDENT/SECRETARY / D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRENDA ALDRICH			2.2 NAME			
STREET ADDRESS	1995 Maguire Rd.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786			2.4 CITY-ST-ZIP			
TITLE	Vice-President / D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JERRY ALDRICH			3.2 NAME			
STREET ADDRESS	1995 Maguire Rd.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE, FL 34786			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

**SIGNATURE:** Bruce Barnard **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

457-847-2899

Daytime Phone #

CR2E037 (1/98)