


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002091</b>	
1. Entity Name MID FLORIDA YOUTH SPORTS ORGANIZATION, INC.	

Principal Place of Business 1587 TWELVE CIRCLE KISSIMMEE, FL 34744-6243	Mailing Address 1587 TWELVE CIRCLE KISSIMMEE, FL 34744-6243
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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3513318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARNARD, BRUCE A  
1587 TWELVE CIRCLE  
KISSIMMEE, FL 34744-6243

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BARNARD, BRUCE 1587 TWELVE OAKS CIRCLE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALDRICH, BRENDA 1995 MAGUIRE RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALDRICH, JERRY 1995 MAGUIRE RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80038-007 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Barnard BRUCE BARNARD 4/16/04 407-847-2899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #