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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735309 (7)

1. Corporation Name

PAL SOCCER LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 50 NICEVILLE FL 32588-0050	P.O. BOX 50 NICEVILLE FL 32588-0050

3. Date Incorporated or Qualified: 03/17/1976

4. FEI Number: 59-1672623 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILL, HOWARD J.
2403 PARKER DR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HILL, HOWARD		1.2 NAME		
STREET ADDRESS	2403 PARKER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL ~~00000~~		1.4 CITY-ST-ZIP	32578	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~MOYNIHAN, STEPHEN P.~~		2.2 NAME	MANN, VICTOR	
STREET ADDRESS	~~935 RIDGEWOOD WAY~~		2.3 STREET ADDRESS	203 OAKLAKE COVE	
CITY-ST-ZIP	NICEVILLE, FL ~~00000~~		2.4 CITY-ST-ZIP	32578	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DERRICK, SUZANNE		3.2 NAME		
STREET ADDRESS	~~1247 W. WHITEWOOD WAY~~		3.3 STREET ADDRESS	915 LIDO CIRCLE	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	32578	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	~~SMALL, BABS~~		4.2 NAME	HODGE, LEAH	
STREET ADDRESS	~~164 MEADOWBROOK CT.~~		4.3 STREET ADDRESS	915 RILEY ROAD	
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP	32578	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Howard Hill REQUIRED 1/24/98 (850) 678-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #