

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:13

DOCUMENT # **744212** (2)
1. Corporation Name
YOUTH SOCCER, INC.

Principal Place of Business
1217
1215 N W 16TH AVENUE
P O BOX 12889
GAINESVILLE FL 32604

Mailing Address
1217
1215 N W 16TH AVENUE
P O BOX 12889
GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1978** 3a. Date of Last Report **03/30/1994**
4. FEI Number **59-1874667** Applied For
Not Applicable

21. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24. Zip	Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARD, PETER HAMILTON 4001 NEWBERRY RD. SUITE ONE, BUILDING C GAINESVILLE, FL. FL 32607		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, DEAN	12 NAME	
STREET ADDRESS	P.O. BOX 2037, NA	13 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	14 CITY - ST - ZIP	
TITLE	VCD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, WAYNE	22 NAME	
STREET ADDRESS	4200 SE 14TH TERRACE	23 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	24 CITY - ST - ZIP	
TITLE	CD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, BRUCE	32 NAME	
STREET ADDRESS	2917 N.W. 9TH PL	33 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	34 CITY - ST - ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, SANDI (SPONSOR)	42 NAME	
STREET ADDRESS	1215 NW 16 AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	44 CITY - ST - ZIP	
TITLE	VCD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, RANDY	52 NAME	
STREET ADDRESS	2122 W UNIVERSITY AVE	53 STREET ADDRESS	1224 N.W. 9TH AVE.
CITY - ST - ZIP	GAINESVILLE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, with an attachment with an address.

SIGNATURE: *Sandra S. Rivera* SANDRA S. RIVERA 3.27.95 9043777139
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature) (Print #)