

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90068 038 \*\*\*\*61.25

14004063



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                     |                                                                               |                                                                                                                                  |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 745578</b><br>1. Entity Name<br><b>MANATEE AREA YOUTH SOCCER ORGANIZATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                                                                     |                                                                               |                                                                                                                                  |                                                                              |
| Principal Place of Business<br><b>C/O MICHELE B. GRIMES</b><br><b>200 S. ORANGE AVE.</b><br><b>SARASOTA, FL 34236 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                     | Mailing Address<br><b>200 S ORANGE AVENUE</b><br><b>SARASOTA, FL 34236 US</b> |                                                                                                                                  |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  | 3. Mailing Address                                                                  |                                                                               |                                                                                                                                  |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | Suite, Apt. #, etc.                                                                 |                                                                               |                                                                                                                                  |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  | City & State                                                                        |                                                                               | 4. FEI Number<br><b>59-2243243</b>                                                                                               |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  | Country                                                                             |                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                  |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                                                     |                                                                               | 7. Name and Address of New Registered Agent                                                                                      |                                                                              |
| <b>GRIMES, MICHELE B</b><br><b>200 SOUTH ORANGE AVE.</b><br><b>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                     |                                                                               | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                                                     |                                                                               |                                                                                                                                  |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                               | <b>\$5.00 May Be Added to Fees</b>                                                                                               |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                     |                                                                               |                                                                                                                                  |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                         |                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>PD</b><br><b>TORRES, JOSE</b><br><b>200 SOUTH ORANGE AVE.</b><br><b>SARASOTA, FL 34236</b>    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>PD</b><br><b>Grimes, Michele B.</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>VD</b><br><b>KRETZMAN, ELLEN</b><br><b>200 SOUTH ORANGE AVE.</b><br><b>SARASOTA, FL 34236</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>VD</b><br><b>Smock, Lynda</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236</b>                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TD</b><br><b>VINCENT, KATHY</b><br><b>200 SOUTH ORANGE AVE.</b><br><b>SARASOTA, FL 34236</b>  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>TD</b><br><b>King, Lisa</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b><br><b>GRIMES, MICHELE</b><br><b>200 S ORANGE AVENUE</b><br><b>SARASOTA, FL 34236</b>    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>SD</b><br><b>Lofthouse, Chris</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>D</b><br><b>Carson, Cheryl</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <b>D</b><br><b>Mack, Diane</b><br><b>200 South Orange Avenue</b><br><b>Sarasota, FL 34236 &amp; SEE ATTACHMENT</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 another like empowered. |                                                                                                  |                                                                                     |                                                                               |                                                                                                                                  |                                                                              |
| <b>SIGNATURE:</b> <u>Michele B. Grimes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                     | <b>2-25-04 941-329-6611</b>                                                   |                                                                                                                                  |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                     | Date Daytime Phone #                                                          |                                                                                                                                  |                                                                              |

Attachment

14604063

**ATTACHMENT TO 2004 UNIFORM BUSINESS REPORT  
FOR  
MANATEE AREA YOUTH SOCCER ORGANIZATION, INC.  
DOCUMENT #745578**

11. Additions/Changes to Officers and Directors.

Additions:

D

Nordbye, Renee  
200 South Orange Avenue  
Sarasota, FL 34236

D

Shaw, Aimee  
200 South Orange Avenue  
Sarasota, FL 34236

D

Mujica, Angie  
200 South Orange Avenue  
Sarasota, FL 34236

D

Morrish, Jim  
200 South Orange Avenue  
Sarasota, FL 34236

D

Brown, Rob  
200 South Orange Avenue  
Sarasota, FL 34236

D

Latham, Larry  
200 South Orange Avenue  
Sarasota, FL 34236