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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747936

1. Corporation Name

FLORIDA YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8 BROADWAY SUITE B KISSIMEE FL 34741 US	8 BROADWAY SUITE B KISSIMMEE FL 34741 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/03/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1864634 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, JOE
1539 HIALEAH ST.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: Barbara Newton
82 Street Address (P.O. Box Number is Not Acceptable): 12001 Littlebury Ct
83
84 City: Tampa FL 85 Zip Code: 33635

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: Barbara Newton, President — DATE: 4-28-99
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	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	DAVIS, JOE		1.2 NAME	Barbara Newton	
STREET ADDRESS	1539 HIALEAH ST.		1.3 STREET ADDRESS	12001 Littleberry court	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	Tampa, FL 33635	
TITLE	DS	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	WILLIAMS, RANDY		2.2 NAME	Jerry Matlak	
STREET ADDRESS	1824 SPICEBERRY CIR WEST		2.3 STREET ADDRESS	4445 NW 112th Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32246		2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	SMITH, JIM		3.2 NAME	Jim Smith	
STREET ADDRESS	404 CORNWALL RD		3.3 STREET ADDRESS	404 Cornwell Road	
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP	Winter Park, FL 32792-4809	
TITLE	DVP	☐ DELETE	4.1 TITLE	DVP	☒ Change ☐ Addition
NAME	GAFFNEY, JOHN		4. 2 NAME	Art Turpel	
STREET ADDRESS	232 WOOD HALL DR		4.3 STREET ADDRESS	20889 Encanto Court	
CITY-ST-ZIP	MULBERRY FL 33860		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
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 (11/98)

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: Barbara Newton SIGNATURE REQUIRED (Barbara Newton) — 4-28-99 — 813-228-1802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #