

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759297 (5)

1. Corporation Name
GULFCOAST YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business
**5258 WHITE SAND CIR NE
ST PETERSBURG FL 33703
US**

Mailing Address
**5258 WHITE SAND CIR NE
ST PETERSBURG FL 33703
US**

3. Date Incorporated or Qualified **07/23/1981** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business

21	926 Grovewood Dr.	2a. Mailing Address	926 Grovewood Dr.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State Dunedin, Florida	28	City & State Dunedin, Florida
24	Zip 34698	29	Zip 34698
25	Country	30	Country

4. FEI Number **59-2112267**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**RISTORCELLI, PETER J
8240 ULMERTON RD
LARGO FL 34641**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CLAYTON, CATHY <input checked="" type="checkbox"/> DELETE	1.2 NAME	Kay Hardison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5258 WHITE SAND CIR NE	1.3 STREET ADDRESS	926 Grovewood Dr.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	RISTORCELLI, PETER	2.2 NAME	
STREET ADDRESS	8240 ULMERTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, WILLIAM	3.2 NAME	Mary Benoit
STREET ADDRESS	750 OAKRIDGE LN.	3.3 STREET ADDRESS	615 2nd Street S.W.
CITY-ST-ZIP	BELLEAIR BLUFF FL	3.4 CITY-ST-ZIP	Largo, FL 34640
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, JERRY	4.2 NAME	Kay Alequin
STREET ADDRESS	2950 HEATHER TRL.	4.3 STREET ADDRESS	2530 Sunset Drive
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE: Peter J. Ristorcelli
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)