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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 759297 (5)

1. Corporation Name
GULF COAST YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business Mailing Address
926 GROVEWOOD DRIVE DUNEDIN FL 34698 US
926 GROVEWOOD DRIVE DUNEDIN FL 34698-7209 US



3. Date Incorporated or Qualified 07/23/1981
3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address
21 4679 Tudor LN 26 4679 Tudor LN.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Palm Harbor 28 Palm Harbor
Zip Country Zip Country
24 34683 25 Pinellas 29 34683 30 Pinellas

4. FEI Number 59-2112267
Applied For Not Applicable
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 *Kay Hardison* DATE 1-22-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDISON, KAY	
STREET ADDRESS	926 GROVEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RISTORCELLI, PETER	
STREET ADDRESS	8240 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENOIT, MARY	
STREET ADDRESS	615 2ND STREET SW	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALEQUIN, RAY	
STREET ADDRESS	2590 SUNSET DRIVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4679 Tudor LN
1.4 CITY-ST-ZIP	Palm Harbor FL 34683
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP Robin Watson
4.3 STREET ADDRESS	7312 8th Ave. N.
4.4 CITY-ST-ZIP	ST. Petersburg FL 33710
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Peter J. Ristorcelli* DATE 2/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)