

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**  
Suite, Apt. #, etc.

26 **4679 Tudor LN.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2112267**

Applied For  
Not Applicable

22 City & State  
**Palm Harbor**

27 City & State  
**Palm Harbor**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

23 Zip Country  
**34683 Pinellas**

28 Zip Country  
**34683 Pinellas**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

24 **34683**

25 **Pinellas**

29 **34683**

30 **Pinellas**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

*Peter J. Ristorcelli*

**1-22-97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD HARDISON, KAY**  
STREET ADDRESS **926 GROVEWOOD DRIVE**  
CITY-ST-ZIP **DUNEDIN FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4679 Tudor LN**  
1.4 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE ☐ DELETE  
NAME **TD RISTORCELLI, PETER**  
STREET ADDRESS **8240 ULMERTON RD**  
CITY-ST-ZIP **LARGO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD BENOIT, MARY**  
STREET ADDRESS **615 2ND STREET SW**  
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP ALEQUIN, RAY**  
STREET ADDRESS **2590 SUNSET DRIVE**  
CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **VP Robin Watson**  
4.3 STREET ADDRESS **7312 8th Ave. N.**  
4.4 CITY-ST-ZIP **ST. Petersburg FL 33710**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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*

**2/22/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)