


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 759297 (5)
1. Corporation Name
GULFCOAST YOUTH SOCCER ASSOCIATION, INC.



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|--|--|
| Principal Place of Business 926 GROVEWOOD DRIVE PALM HARBOR FL 34683 US | Mailing Address 4679 TUDOR LN PALM HARBOR FL 34683 US |
|--|--|

3. Date Incorporated or Qualified
07/23/1981

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-2112267 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 2599 COUNTRYSIDE BLVD | 2a. Mailing Address 26 2599 COUNTRYSIDE BLVD |
|---|--|

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

| | |
|---------------------------------------|---------------------------------------|
| Suite, Apt. #, etc. 22 #105 | Suite, Apt. #, etc. 27 #105 |
|---------------------------------------|---------------------------------------|

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

| | |
|--|--|
| City & State 23 CLEARWATER, FL | City & State 28 CLEARWATER, FL |
|--|--|

7. Is this nonprofit corporation a homeowners association?
 Yes No

| | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Zip 24 33761 | Country 25 USA | Zip 29 33761 | Country 30 USA |
|------------------------|--------------------------|------------------------|--------------------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
33771

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) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDISON, KAY | 1.2 NAME | |
| STREET ADDRESS | 4679 TUDOR LN | 1.3 STREET ADDRESS | 2599 COUNTRYSIDE BLVD #105 |
| CITY-ST-ZIP | PALM HARBOR FL | 1.4 CITY-ST-ZIP | CLEARWATER, FL 33761 |
| TITLE | TD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RISTORCELLI, PETER | 2.2 NAME | |
| STREET ADDRESS | 8240 ULMERTON RD | 2.3 STREET ADDRESS | LARGO, FL 33771 |
| CITY-ST-ZIP | LARGO FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENOIT, MARY | 3.2 NAME | |
| STREET ADDRESS | 615 2ND STREET SW | 3.3 STREET ADDRESS | LARGO, FL 34640 |
| CITY-ST-ZIP | LARGO FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATSON, ROBIN | 4.2 NAME | |
| STREET ADDRESS | 7312 8TH AVE N | 4.3 STREET ADDRESS | ST. PETERSBURG, FL 33710 |
| CITY-ST-ZIP | ST PETERSBURGH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: Peter J. Ristorcelli **REQUIRED** 1/19/98 (813) 535-0419

CR2E037 (10/97)