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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760440 (8)
1. Corporation Name
DELTONA YOUTH SOCCER CLUB, INC.



Principal Place of Business P. O. BOX 5011 DELTONA FL 32728-5011 US	Mailing Address P. O. BOX 5011 DELTONA FL 32728-5011 US
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3. Date incorporated or Qualified 10/15/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2196432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRADFORD, ROBERT G.
110 E. HOLLY DR.
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
1701 NANTUCKET ST
83.
84. City **DELTONA** FL 85. Zip Code **32725**

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 **ROBERT G BRADFORD PRESIDENT** *Robert G Bradford* **3-20-97**
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Mike Johnson - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRADFORD, ROBERT G		1.2 NAME	
STREET ADDRESS 110 E. HOLLY DRIVE		1.3 STREET ADDRESS 2065 Galveston Avenue	
CITY-ST-ZIP ORANGE CITY FL		1.4 CITY-ST-ZIP Deltona, FL 32725	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE NAME Tony Adao	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ADAEO, TONY		2.2 NAME 896 Alexander Ave	
STREET ADDRESS 896 ALEXANDER AVE.		2.3 STREET ADDRESS DELTONA, FL 32725	
CITY-ST-ZIP DELTONA FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MENARD, MIKE		3.2 NAME AROMANDO, PETE	
STREET ADDRESS 1025 E HANCOCK		3.3 STREET ADDRESS 2094 CLAREMONT DR	
CITY-ST-ZIP DELTONA FL		3.4 CITY-ST-ZIP DELTONA FL 32725	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary + VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STACY, DEBI		4.2 NAME JANNOTTI, MARIA	
STREET ADDRESS 1265 BACHMAN AVENUE		4.3 STREET ADDRESS 1800 W. FINLAND DR	
CITY-ST-ZIP DELTONA FL		4.4 CITY-ST-ZIP DELTONA, FL 32725	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBINS, ANDREA		5.2 NAME Barbara Buckmaster - Treasurer	
STREET ADDRESS 1794 N. ACADIAN DR.		5.3 STREET ADDRESS 2026 Jessamine Court	
CITY-ST-ZIP DELTONA FL		5.4 CITY-ST-ZIP Deltona, FL 32725	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEES, PETE		6.2 NAME Bob Bradford - Active Past President	
STREET ADDRESS 1808 PORTVIEW AVE		6.3 STREET ADDRESS 1701 Nantucket Street	
CITY-ST-ZIP DELTONA FL		6.4 CITY-ST-ZIP Deltona, FL 32725	

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: *Maria Jannotti* **Maria Jannotti** **6/16/97 407-942-5544**

CR2E037 (9/96)