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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760440

1. Corporation Name

DELTONA YOUTH SOCCER CLUB, INC.

* 4 5 5 3 5 7 *
 455357 - 90040 - 20

Principal Place of Business

P. O. BOX 5011
 DELTONA FL 32728-5011
 US

Mailing Address

P. O. BOX 5011
 DELTONA FL 32728-5011
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified
10/15/1981

4. FEI Number
59-2196432

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

9. Name and Address of Current Registered Agent

JOHNSON, MIKE
2065 GALVESTON AVE
DELTONA FL 32725

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P JOHNSON, MIKE**
 STREET ADDRESS **2065 GALVESTON AVE**
 CITY-ST-ZIP **DELTONA FL**

TITLE DELETE

NAME **D ADAO, TONY**
 STREET ADDRESS **896 ALEXANDER AVE**
 CITY-ST-ZIP **DELTONA FL**

TITLE DELETE

NAME **D AROMANDO, PETE**
 STREET ADDRESS **2094 CLAREMONT DR**
 CITY-ST-ZIP **DELTONA FL**

TITLE DELETE

NAME **SVP JANNOTTI, MARIA**
 STREET ADDRESS **1800 W FINLAND DR**
 CITY-ST-ZIP **DELTONA FL**

TITLE DELETE

NAME **T BUCKMASTER, BARBARA**
 STREET ADDRESS **2026 JESSAMINE COURT**
 CITY-ST-ZIP **DELTONA FL**

TITLE DELETE

NAME **APP BRADFORD, BOB**
 STREET ADDRESS **1701 NANTUCKET STREET**
 CITY-ST-ZIP **DELTONA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

R Vice President
Mike Hyatt
3111 Dow Ct., Deltona, Fl. 32738

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Secretary
Maureen Philips
1431 Quintara Ave.
Deltona, Fl. 32738

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Barbara Buckmaster
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/99**

Daytime Phone # **407-574-1391**

CR2E037 (11/98)