

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 770457

1. Entity Name
EAST PASCO YOUTH SOCCER LEAGUE, INC.



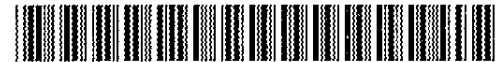
Principal Place of Business

**37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525**

Mailing Address

**P.O. BOX 1713
DADE CITY, FL 33526**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2405082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROCK, P. HUTCHINSON II
37837 MERIDIAN AVE
SUITE 314
DADE CITY, FL 33525**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000091005
03/17/04-80042-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
LOWRY, WARREN
3349 AIME COURT
DADE CITY, FL 33523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
MALDONADO, MARIE
36037 CLINTON AVENUE
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
YEBBA, JAMES
15618 LAKE IOLA ROAD
DADE CITY, FL 33523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
MITCHELL, ELIZABETH
12411 LEANN DRIVE
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Warren Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04
Date

352-383-3265
Daytime Phone #