

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91023 050 ****61.25

DOCUMENT # N00000003185					
1. Entity Name WEST PASCO YOUTH SOCCER ASSOCIATION, INC.					
Principal Place of Business W.H. "JACK" MITCHELL JR. PARK LITTLE ROAD & CYPRESS LAKE BLVD. NEW PORT RICHEY, FL			Mailing Address P.O. BOX 1965 NEW PORT RICHEY, FL 34656-1965		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3645858	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMERSON, STEVE 6113 CANOPY OAKS CT. NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GAUTHER, JOE STREET ADDRESS 7915 LEOTA LN CITY-ST-ZIP NEW PORT RICHEY, FL 34653	☒ Delete		TITLE T NAME GENDEBIEN, JEAN F. STREET ADDRESS 4522 ONARIO STREET CITY-ST-ZIP NEW PORT RICHEY, FL 34653	☐ Change ☒ Addition	
TITLE VPD NAME STAUFFER, DENISE STREET ADDRESS 12805 FLAMINGO PAALWAY CITY-ST-ZIP SPRING HILL, FL 34610	☐ Delete		TITLE P NAME STAUFFER DENISE STREET ADDRESS 12805 FLAMINGO PARKWAY CITY-ST-ZIP SPRING HILL, FL 34610	☒ Change ☐ Addition	
TITLE T NAME WEGAN, LANCE SR STREET ADDRESS 7064 SAN LUCAS CT CITY-ST-ZIP NEW PORT RICHEY, FL 34655	☒ Delete		TITLE S NAME JULIE BEST STREET ADDRESS 5000 SOUTHSORE DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34652	☐ Change ☒ Addition	
TITLE S NAME PULLARA, BARBARA STREET ADDRESS 7965 PUTNAM CIRCLE CITY-ST-ZIP NEW PORT RICHEY, FL 34655	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME MICELI, KIMBERLY STREET ADDRESS 4462 CYNTHIA LANE CITY-ST-ZIP SPRING HILL, FL 34606	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME SCHULTZ, PETER STREET ADDRESS 3430 WOODMUSE CT CITY-ST-ZIP HOLIDAY, FL 34691	☐ Delete		TITLE VPD NAME SCHULTZ PETER STREET ADDRESS 3430 WOODMUSE COURT CITY-ST-ZIP HOLIDAY, FL 34691	☒ Change ☐ Addition	
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:			JEAN GENDEBIEN 4/22/04 (727) 945-0077 #310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		