## 2006 NOT-FOR-PROFIT CORPORATION

## May 01, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N0000003185 05-01-2006 90415 044 \*\*\*\*61.25 WEST PASCO YOUTH SOCCER ASSOCIATION, INC. Mailing Address Principal Place of Business W.H. "JACK" MITCHELL JR. PARK P.O. BOX 1965 LITTLE ROAD & CYPRESS LAKE BLVD. NEW PORT RICHEY, FL 34656-1965 NEW PORT RICHEY, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3645858 City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENDEBIEN, JEAN F. Street Address (P.O. Box Number is Not Acceptable) 4522 ONORIO ST NEW PORT RICHEY, FL 34653 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE ☐ Delete TITLE ☐ Change GENDEBIEN, JEAN F NAME NAME STREET ADDRESS **4522 ONORIO STREET** STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34653 CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME STAUFFER, DENISE NAME STREET ADDRESS 12805 FLAMINGO PARKWAY STREET ADDRESS SPRING HILL, FL 34610 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition RICHENDOLLAR, DEBORAH 4424 FORT SHAW DRIVE NEW PORT RICHEL, FL 3 BEST. JULIE NAME NAME 5000 SOUTHSHORE DRIVE STREET ADDRESS STREET ADDRESS 346<u>55</u> CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIE TM F ☐ Addition ☐ Delete ☐ Change TITLE BARNES, BERT NAME 10314 FENCE LINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE □ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED**