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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

DOCUMENT # N38359 (8)

1. Corporation Name
CORAL SPRINGS YOUTH SOCCER, INC.

Principal Place of Business Mailing Address
PO BOX 8014 PO BOX 8014
CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 05/19/1994
4. FEI Number 65-0203021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

9. Name and Address of Current Registered Agent
ALABASTER, HOWARD I., ESQ.
2842 C UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICE, DAVID
STREET ADDRESS	3670 NW 113 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D
NAME	PININSKI, FREDRICK C
STREET ADDRESS	2426 NW 98 LANE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	DT
NAME	MARCHANT, EDWARD
STREET ADDRESS	6842 NW 46TH ST
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	D
NAME	ERNEST-JONES, RHON
STREET ADDRESS	10855 NW 6 ST
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D
NAME	CARL BIERMAN
STREET ADDRESS	10966 NW 14 STREET
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	DS
NAME	COFFMAN, WILLIAM
STREET ADDRESS	170 NW 112 LANE
CITY-ST-ZIP	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DS
6.3 STREET ADDRESS	ROBERT MILLER
6.4 CITY-ST-ZIP	10411 NW 115 AVE CORAL SPRINGS, FL, 33076

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: EDWARD J. MARCHANT DATE: 3/20/95 305-975-5091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR