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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38359

1. Corporation Name  
**CORAL SPRINGS YOUTH SOCCER, INC.**

Principal Place of Business  
 PO BOX 8014  
 CORAL SPRINGS FL 33075

Mailing Address  
 PO BOX 8014  
 CORAL SPRINGS FL 33075



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/23/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0203021	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALABASTER, HOWARD I., ESQ. 2842 C UNIVERSITY DRIVE CORAL SPRINGS FL 33065				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DAVID	1.2 NAME	
STREET ADDRESS	3670 NW 113 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMIG, STEVEN	2.2 NAME	WILLIAM A. COFFMAN
STREET ADDRESS	8681 NW 57TH CT.	2.3 STREET ADDRESS	170 NW 112TH LANE
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHANT, EDWARD	3.2 NAME	
STREET ADDRESS	6642 NW 48TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST-JONES, RHON	4.2 NAME	DOUGLAS PATON
STREET ADDRESS	10855 NW 6 ST	4.3 STREET ADDRESS	10917 NW 14TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL BIERMAN	5.2 NAME	
STREET ADDRESS	10966 NW 14 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT	6.2 NAME	RICHARD FRIEDMAN
STREET ADDRESS	10411 NW 115 AVE	6.3 STREET ADDRESS	1697 CYPRESS PT. DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071

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: *[Signature]* **EDWARD MARCHANT X 3/3/99** 954 973 5091 X  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)